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ICO *Matters*

Magazine of the Illinois College of Optometry
and the Illinois Eye Institute

MAR 09 2006

Volume 5 / Issue 1 / Winter 2006

2005 Annual Report: **Eye on Optometry**

Opinions vary on whether or not the field of optometry is over-saturated. *ICO Matters* surveys the issue.

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Announcing:

THE ILLINOIS COLLEGE OF OPTOMETRY ALUMNI DIRECTORY

The Alumni Association is developing
an alumni directory for 2007.

You can purchase a directory, which will
be available in spring 2007, for \$29.

Alumni support is the only funding
for this project.

More information and a response card will
be coming in the mail. Please take a moment
to provide us with updated information.
We look forward to including you in the
new Illinois College of Optometry
Alumni directory. Thank you!



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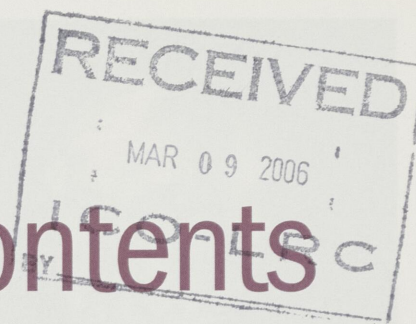
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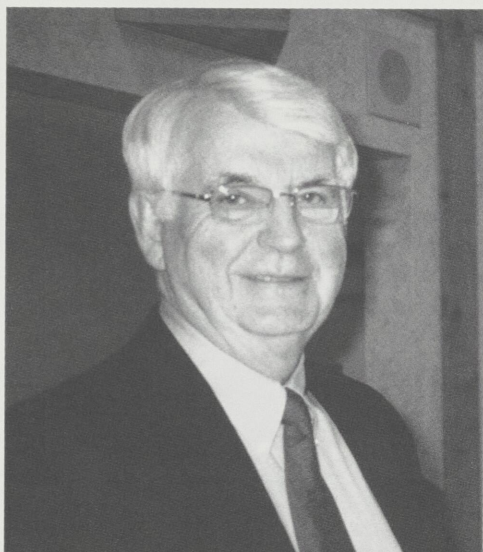
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A Word from Dr. Butler

Chairman of the Board of Trustees

Dear Alumni and Friends,

As the strains of "Auld Lang Syne" have faded, so has 2005. We remember the past, reflect on times gone by, and welcome a new year. We re-affirm the importance of our future and those things that are important to us.

Illinois College of Optometry is surely of great importance to alumni. It has a distinguished history, and the year 2005 was a year of celebration commemorating the past 50 years of excellence in education under its present name. Many of our alumni shared in the observance of this milestone and remembered former times on campus.

Our alumni play an active role in their local and state optometric associations and in the American Optometric Association. They place high importance on volunteering and contributing to the wellbeing of their communities. Many also stay actively involved with the Illinois College of Optometry and contribute their knowledge and philanthropic support.

Last year there were numerous ICO alumni inducted as new fellows in the American Academy of Optometry at its meeting in San Diego. ICO's presence in this major gathering for academic excellence in optometry is notable.

The legacy of these accomplishments will continue. The Academy also recognized two optometry students from ICO at the meeting. In addition, the classes of 2007 and 2005 both exceeded the national average on the National Board of Examinations. This is indeed a tribute to our outstanding faculty and students.

Our students also participate locally in a wide range of philanthropic activities. The Student Association organized a

toy drive for children hospitalized at Michael Reese over the holidays and exceeded their goal. They also collected food, clothing and books for area children.

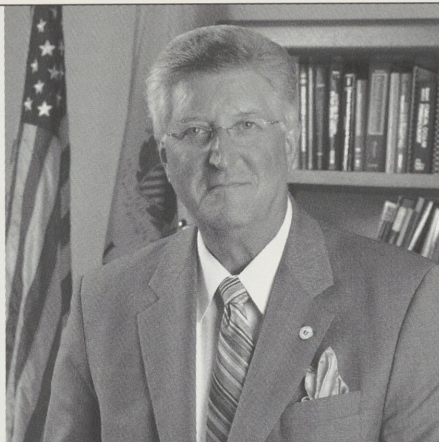
Pershing Elementary School children benefit from an on-going reading tutoring program staffed by ICO students. Our students and staff also participated in judging the Science Fair at Pershing.

Internationally ICO students will participate in two upcoming SVOSH trips. Twenty students will travel to Honduras with a VOSH-Indiana group in March, and 15 students will be in Matagalpa and Estell, Nicaragua with VOSH-Florida.

For the past seven years, the Board of Trustees has had student representatives attend Board and committee meetings. The President of the Student Association serves in this capacity. It is a pleasure to have their input and to witness their dedication to ICO. They are effective members of the Board and are extremely intelligent and talented young men and women who would be successful in any field. We can be grateful they have chosen optometry.

Please join me in "a cup of kindness yet — for Auld Lang Syne" as we celebrate past accomplishments of the Illinois College of Optometry and its graduates and look forward with optimism to an equally bright future.

James R. Butler, OD '59



A Message from the President

Being a Catalyst

There once was a widower camel farmer who owned 17 camels. Regrettably, he died unexpectedly at an early age, leaving only his three sons and 17 camels. In his will he instructed that half of his camels should go to his oldest son. A third of his camels should be left to his middle son, and the youngest should receive one-ninth of the camels. The sons were left with the difficult task of dividing up the camels fairly without having to sacrifice any of the animals.

They struggled with this dilemma for several days until an itinerant camel merchant passed by the farm. He said to the three sons, "I have an extra camel you may use to solve your inheritance dilemma." Now with the total of 18 camels, the oldest son could have 9 camels, the middle son 6 camels, and the youngest son 2 camels. Having been a catalyst for solving this dilemma, the itinerant camel merchant hopped back on the camel he had given the three sons and rode off.

Optometric education has often found itself in the position of being a catalyst for change. For example, substantial changes in optometric education in the last four decades have provided the rationale for expansion of optometric practice acts across the country. These have led to reim-

bursement for optometrists from Medicare and major third party insurance companies for professional eye and vision services, and our patients have benefited from this enhanced optometric care. Changes in the demographics of today's highly qualified doctor of optometry students will undoubtedly lead to changes in how optometrists serve the public even better in the future. Change is inevitable. It's far better to be a catalyst for change, than to be paralyzed by the status quo.

This issue of *ICO Matters* addresses what may seem like an insurmountable dilemma: How do we reconcile the opportunities of an outstanding career in optometry with the challenges of an increasingly competitive marketplace? ICO has been a catalyst for addressing significant issues facing optometry for 134 years, and with your help, we will continue to do so effectively in the foreseeable future.

Arol Augsburger, OD



Fire!

Inferno rages at ICO's neighbor, Pilgrim Baptist Church

A devastating fire on January 6 consumed most of Pilgrim Baptist Church, the College's neighbor just to the south of the Residential Complex (RC). Ignited by a worker's torch on the roof of the building, the fire burned all but the shell of the structure, decimating the architecture, art and artifacts of the historic church. Damage to the RC and some students' property was also incurred.

ICO was a gathering place for many church members and community leaders all that Friday afternoon and evening. The College immediately offered the congregation temporary use of its auditorium for Sunday services. The night of the fire, the College provided a dinner in the cafeteria.

"What a tragedy for the members of the Pilgrim Baptist Church and the entire area," said Chairman of the ICO Board of Trustees, James Butler, OD '59. "The photos of the fire tell a dramatic story. What was lost is irreplaceable." Designed and built by the renowned architecture firm of Louis Sullivan and Dankmar Adler in 1891, Pilgrim was first a synagogue. Later it became the Baptist church where gospel music originated.

"I am very proud of Dr. Augsburger's leadership and of the

ICO family and its response," Butler said. "Our facilities and personnel should always be available for this type of service and should be known as positive influences in our community. Good neighbors help one another. We mourn this loss with Pilgrim."

In addition to the Illinois College of Optometry, the city of Chicago and state of Illinois have reached out to the church. The state of Illinois has given \$1 million to help rebuild Pilgrim. Governor Rod Blagojevich personally gave \$1,000.

Chicagoans JB and MK Pritzker have established the Pritzker Family Foundation Challenge Grant, which will match private donations dollar-for-dollar up to \$500,000. Donations to the Fund can be sent to:

Pilgrim Baptist Church
Rebuilding Fund
P.O. Box 94433
Chicago, IL 60690-4433

For more information, contact Anthony D'Andrea, (312) 949-7070 or adandrea@ico.edu. ♦

A photo flashback to Reunion 2005

Good Times

2005 Alumni Award Recipients

Robin Rinearson, OD '77
ALUMNA OF THE YEAR AWARD

Jeff Smith, OD '83
ALUMNUS OF THE YEAR AWARD

Timothy A. Wingert, OD '79
**EXCELLENCE IN EDUCATION AWARD
NON-FACULTY**

Ernest R. Sawyer
DISTINGUISHED FRIEND AWARD

Alcon Laboratories
PROFESSIONAL ACHIEVEMENT AWARD

Sandra S. Block, OD '81
EXCELLENCE IN EDUCATION AWARD — FACULTY

Floyd D. Mizener, OD '48
LIFETIME SERVICE AWARD

James W. Hartzell, OD '69
DISTINGUISHED ALUMNUS AWARD



Above: Dr. Lawrence Vogel, MCO '48, Dr. Frank Sakamoto, MCO '47, Dr. Roy Sperlazzo, MCO '48, and Dr. Glen Zucker, MCO '47 proudly display the Northern Monroe Chicago Society sign at the first annual 50 Year Club Breakfast.

Left: A few of our sponsors from USI and Travis-Pedersen at the Reunion Reception.



Right: Dr. Bradie Hopper, CCO '50 and Dr. Ronald Nelson, OD '55 enjoy a handshake and conversation during the Reunion Reception.



Above: Members of the Class of 1960 celebrate their 45th reunion.

Right: Dr. Floyd Mizener, MCO '48 and his wife, Shirley, are recognized by Dr. Augsburger at the Legacy and Major Benefactors Luncheon.



Supply and Demand

Where does optometry stand?

In this issue of ICO Matters, our goal is to generate discussion. We start with a question — Are there too many ODs? — but by no means reach any definitive answers. On the other hand, we do find conclusions, many reached with such conviction they are difficult to challenge. Nevertheless, please consider this article a Q&A, a dialogue meant to be ongoing, where members of the ICO community far and wide lend their voice and opinion to the exchange.

Going forward with this project, we learned very early that manpower in the field of optometry was a complex subject, one much larger than we could comprehensively cover in these pages without extended scholarly inquiry. Still, we thought we could provide an overview of the issue, and let our readers fill in the gaps. As such, we invite you to write us with facts, corrections, perspective and confirmations. In future editions of ICO Matters, we will print your contributions, and, we hope, begin a lively discussion.

Please send email to: Carmen Marti, Editor, cmarti@gte.net

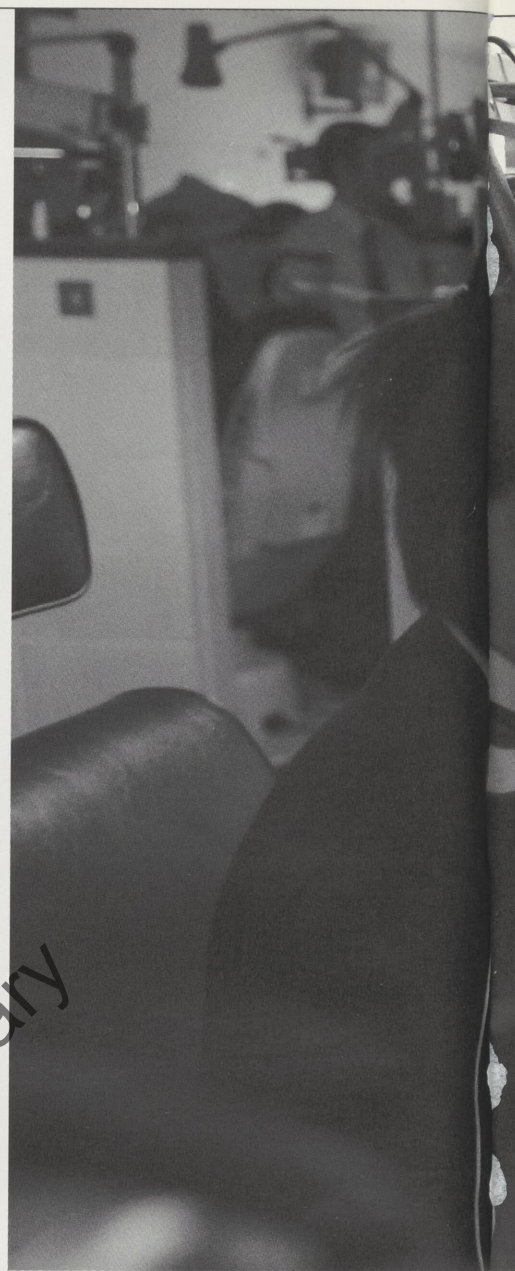
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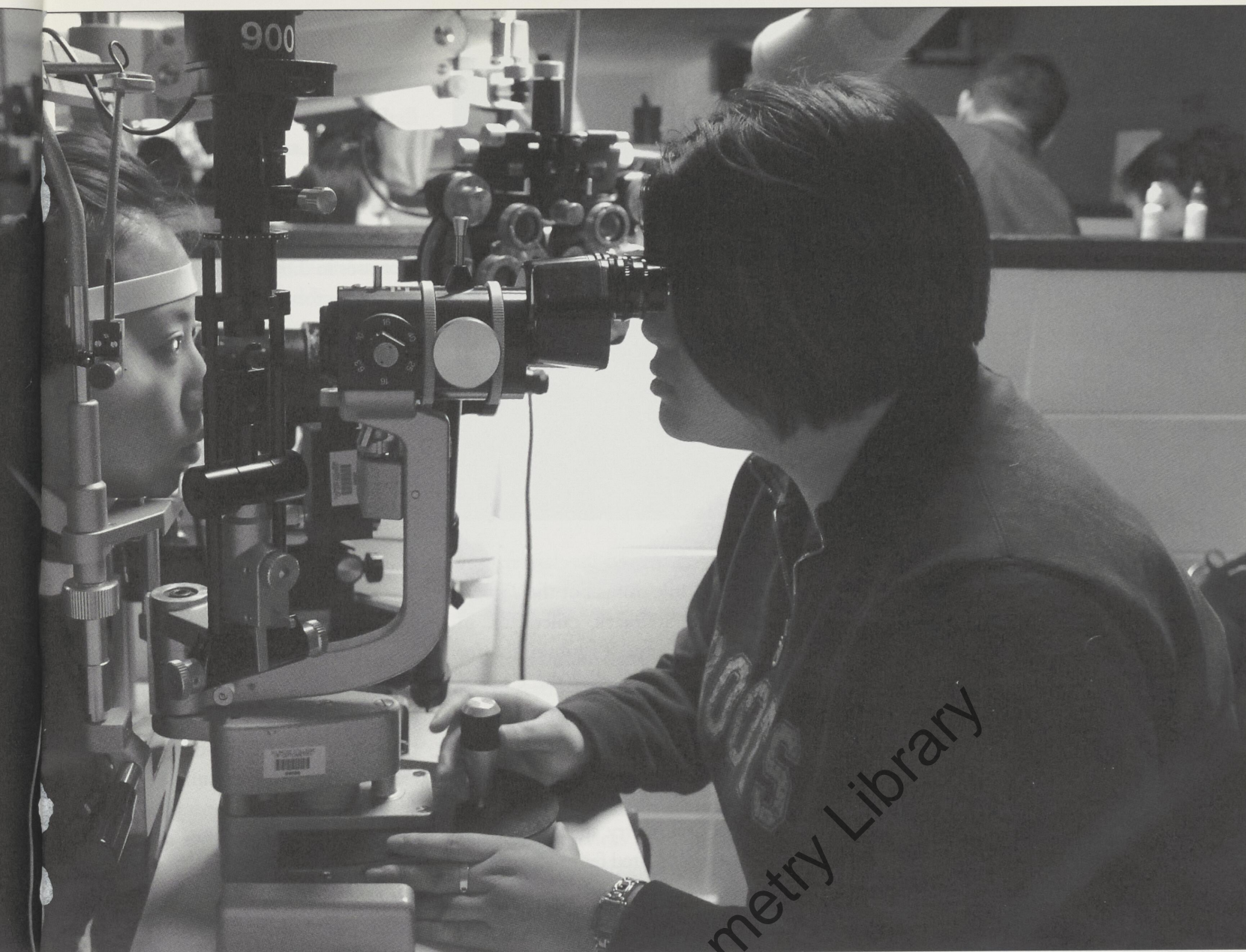
ICO Matters Editorial Committee

TOO MANY ODS

Several years ago, Thomas R. Stelmack, OD '75, Chief of Optometry at the Jesse Brown VA Medical Center, made a presentation called "Future Optometric Manpower" to the 1999 meeting of the American Academy of Optometry. Stelmack presented a manpower study as part of a panel discussion about optometry education's future goals. It was a subject he'd been contemplating for more than 25 years, ever since he was a student at the Illinois College of Optometry.

By the time Stelmack got to ICO, he was already well-versed in optometry. His father, Stephen Stelmack, was an OD, a 1949 graduate of the Northern Illinois College of Optometry, and one of the thousands of practitioners





who flooded the profession after World War II.

As a young man observing his father's practice, Stelmack was struck by the number of optometrists, and astonished by the class sizes and graduation schedules of his father's era. In the late-1940s, NICO was holding commencement services four times a year, graduating more than 400 students at a time.

Even though his own class of 104 students had few graduates compared to his father's, Stelmack felt there were too many. He took a full-time appointment at ICO after completing his residency and remembers during his first year as a faculty member talking to the president of the AOA and Alfred Rosenbloom

Jr., NICO '48, ICO's President at the time. "I expressed my concern that ICO was graduating too many ODs, resulting in many migrating to commercial practice," Stelmack recalls today.

He believed the value of the degree became diluted with so many optometrists in the market. Over time, he saw his father choose to work late in life, until he was 78 years old, much like many of his colleagues.

"ODs of that era didn't retire until their late 70s or 80s," Stelmack says. "Some couldn't find buyers willing to pay a price they needed to retire comfortably, others stayed in practice because optometry allows a long practice life; it's not as stressful as some other professions. This late retirement

was unexpected. In the 1970s they justified large classes and increased the number of schools because they thought there would be a sudden void and need for ODs when those from the very large classes of the late 40s retired en masse. When that never happened, it started the excess of ODs."

Driven by his own experience of the manpower issue in optometry, Stelmack, who is also currently Associate Professor at ICO and Assistant Professor in Ophthalmology at the University of Illinois at Chicago, began a scientific study, the one he presented at the AAO meeting.

He cited a report from the 1998 Archives of Ophthalmology that found an excess of 7,604 comprehensive oph-



thalmologists and 2,244 subspecialty ophthalmologists, if optometry acts in the primary eyecare role. Likewise, it found an excess of 10,977 out of 27,646 optometrists if ophthalmology acts in the primary role.

Stelmack also used data from a 1998 JAMA report that projected that by 2010, ophthalmology would have about the same number of full-time generalists, but an increase of about 2,000 subspecialists, representing an overall increase of 14 percent. Optometry, the report said, projected an increase of 50 percent by 2015, accounting for an attrition rate calculated to be higher than physicians.

Overall, Stelmack argued that the public's need for eye care would continue to be well served even if optometry and ophthalmology limit practitioners. He stated that the current rate of graduates would have a negative impact on the profession by 2015, and that professional satisfaction would improve if numbers of graduates are limited.

"I found there are far too many ODs," he says of the research. "My solution? Cut enrollment, cut the number of schools."

His point was not lost on the administration of the Illinois College of Optometry. In the mid-1990s, ICO

intentionally decreased its class size by 10 percent. While this is not the 25 percent decrease Stelmack called for, in terms of lost revenue it's substantial for ICO, especially given that the College imposed a tuition freeze in 2001.

Enrollment at other schools of optometry has also decreased; numbers from the Association of Schools and Colleges of Optometry show that eight of 17 schools graduated fewer students in 2004 than in 2003. To some extent though, the overall decrease could be attributed to lower applicant pools at schools of optometry four years prior. According to Mark Colip, OD '92, Vice President for Student Affairs at ICO, class sizes at ICO were decreased another 10 percent in recent years because of fewer applicants. He says that trend has now begun to reverse, and ICO's class size has been at its strategically planned level of enrollment for three years. Applicant pools though, are likely to continue to increase due to a January report in *U. S. News & World Report*. Its survey of the most and least rewarding careers in 2006 ranked optometry second on the list of excellent professions. No wonder a 2000 workforce study commissioned by the American Optometric Association projects an excess supply of optometrists through the year 2030.

Dr. Bruce Teitelbaum, ICO Associate Dean and Associate Professor of Optometry, is not surprised by that finding. "I believe there is indeed an oversupply of ODs," Teitelbaum said via email. "With increases in the efficiencies of most practices, doctors are able to see more patients in a given time, exacerbating the situation. Reports on the issue over the years sometimes base conclusions on flawed assumptions. The only thing that I can think of that would argue for more optometrists would be some type of national health insurance or a change in how insurance companies look at the utilization of eye doctors. This could increase the demand for optometrists significantly, but I do not see either of these impacting the marketplace in the short term."



Teitelbaum's exception to the oversupply is, "in areas where there is a low demand to practice, such as rural and low income areas."

THE UNDERSERVED

The fact that the population of optometrists in rural areas is lower than in urban ones has long been identified. Rural areas lack many of the professions, including teaching and law, in addition to health care. The issue was addressed on a national level in 1978, when the National Rural Health Association was first established. According to the late Dr. W. David Sullins Jr. in a January 1998 editorial in the *Journal of the American Optometric Association*, the AOA has been active in the NRHA since the beginning. It has helped organize local Rural Health Associations in all but a handful of states.

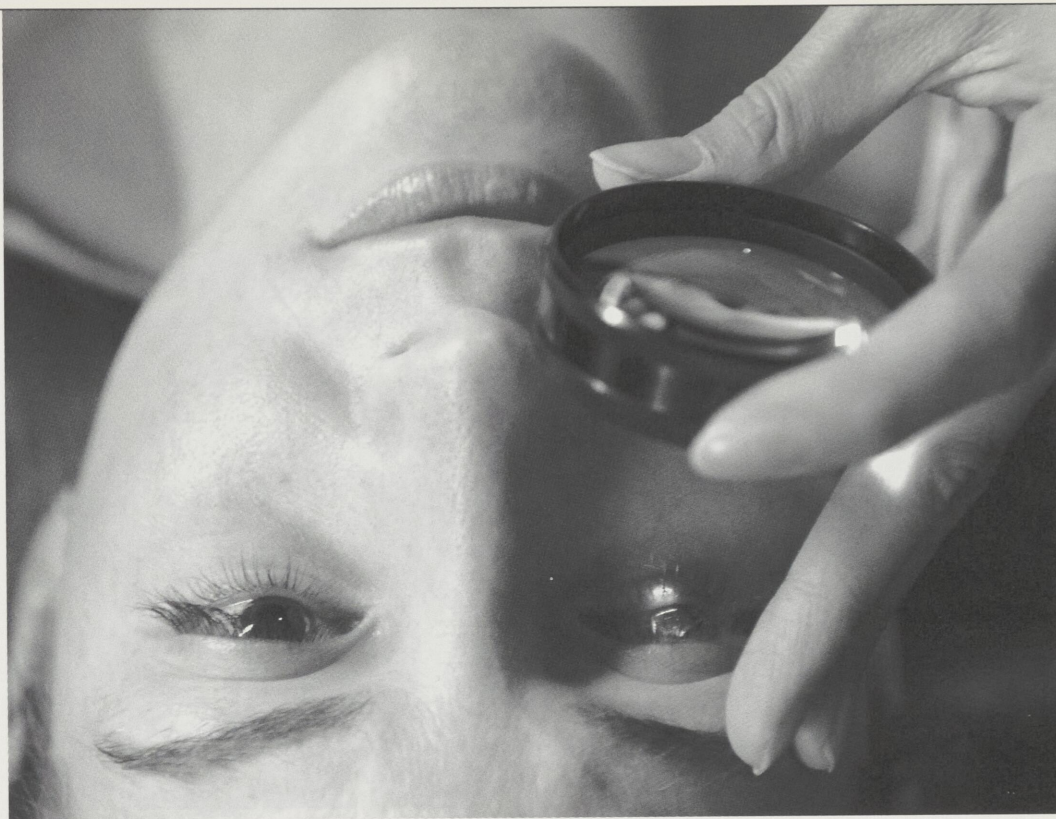
Today in some areas, studies are showing an adequate supply of optometrists, even in rural populations. In an article published in the May 2000

issue of *Optometry*, E.C. Marshall found that, "Optometrist capacity in Indiana is sufficient at both the state and county levels, and optometric services are appropriately distributed such that patient access to optometric care is geographically unburdened."

This may be in part due to rising numbers of optometrists locating in rural areas. The AOA's 2004 State of the Profession report finds one-third of optometrists practice in rural locations. If a school of optometry is in close proximity, it helps the distribution. For example, Indiana, with the results cited above, has the School of Optometry at Indiana University in Bloomington.

Yet, even with the workforce growing in rural settings, a 1999 report in *Medical Care* found that there could be "increased need for rural healthcare physicians or other providers." The study, an analysis of the "predictable changes in practice patterns such as the introduction of practice guidelines," compared the care of a cohort of diabetes mellitus Medicare patients to the care recommended by a diabetes practice guideline. The additional tests and visits that were needed to comply with the guideline were translated into additional hours of physician services and total physician full-time equivalents.

The researchers found that, "implementation of a practice guideline for Medicare recipients with diabetes in rural Minnesota would require over 30,000 additional hours of primary care physician services and over 5,000 additional hours of eyecare professionals' time per year. This additional need represents a 1.3% to 2.4% increase in the number of primary care physicians and a 1.0% to 6.6% increase in the number of eyecare clinicians in a state in which the rural medical provider to population ratios already meet some recommended workforce projections."



More optometrists are in demand in urban settings too. In many cases, this is where the indigent are clustered, surviving on a low income, shut off from insurance and often from health care. According to Renee Krueger, Manager of Health Services at Interfaith House, a not-for-profit organization providing shelter for ill or injured homeless people in medical recovery, ICO is one of the few places in the Chicago metropolitan area that will provide care to uninsured patients. "It's a godsend," she says. "Residents always need optometry, yet it's difficult to find eyecare service."

And the need for care for the uninsured is only growing. U.S. Census Bureau figures show that the number of uninsured Americans rose to 45 million in 2003. This on the heels of a 2002 Institute of Medicine report that found working-age Americans without health insurance are more likely to receive too little medical care and receive it too late, to be more sick, receive poorer care when they are hospitalized, and to die sooner than those with insurance. Relating specifically to eye care, the IOM report says that not only are the uninsured at higher risk for eye problems, they often

don't receive recommended care for chronic diseases, such as timely eye exams to prevent blindness in persons with diabetes. Recent National Eye Institute studies demonstrate that African-Americans and Latinos have a higher rate of glaucoma, eye disease and visual impairment than Caucasians.

"We need more ODs serving in minority areas," says Daniel Desrivieres, OD, president of the National Optometric Association. "The community health center serves as a venue for patients who don't have insurance to enter into the healthcare system."

Community health centers really help too, according to a 1997 study in the *Journal of the AOA* of the prevalence of vision problems in an indigent urban population. It found that "indigent patients receive a useful and needed service from clinics that provide routine eye care to this population."

Still, choosing to practice in underserved areas has its downsides. Government reimbursement rates are decreasing and difficulties with payment and slow materials delivery provide ongoing frustrations.

So that more graduates will choose



to serve in disadvantaged areas, the National Health Service Corps has implemented both student loan forgiveness and service payback programs to encourage health professionals to work as primary health providers in selected health professional shortage areas. Optometry has recently been added to this program.

In addition, the AOA is working with the National Community Health Agency to add eyecare services to as many as 1,700 of its centers serving underserved populations across the country. This project could create up to 2,000 full-time optometry positions when fully implemented.

"The bigger issue isn't the number of ODs," says Dr. Arol Augsburger, President of ICO, "it's the distribution."

Peter H. Kehoe, OD '84, secretary-treasurer of the AOA, agrees. He views an "over" or "under" supply of ODs as a matter of perception. "Personally, I don't know of any unemployed optometrists. However, I do know there are several optometrists who would like to practice in a par-



ticular location that might be oversupplied," Kehoe says. He acknowledges the distribution of more recent optometry students is definitely skewed toward urban settings. But if younger optometrists are willing to relocate, he adds, they will find many opportunities across the country.

Many believe that optometrists will find opportunities in the ever-evolving nature of optometry. "In 15 years, optometry won't be practiced the same way it is today," Augsburger says. "Its face is changing. Between legislative changes, new initiatives in practice and technology, the increase of women in the profession and the aging of the Baby Boomers, we are going to have a need for more optometrists."



Augsburger notes the future for smaller, community-based care, and says, "We are going to be ever-more integrated into healthcare treatment, institutions and schools." He predicts optometrists will partner with other services, like dental, and serve in multi-specialty healthcare centers.

At issue is, "how people get paid," Augsburger says. "We need to be getting federal payment and coverage by insurers. Then we will look more like what we and other medical providers really are: fundamental health care." And as Teitelbaum says, that's when demand for ODs will rise.

JUST ENOUGH ODS

In the meantime, many practitioners believe that the supply of optometrists is in line with demand. Dr. Stephanie Messner, Associate Professor of Optometry at ICO, said in an email, "While I believe there are not too many ODs, I do not think we should increase the supply by adding optometry schools or increasing the class size in existing schools. I think the number of current graduates is the maximum the market can bear."



The addition of a new school of optometry in the United States has been on the table for several years now. A discussion of the pros and cons of developing additional schools and colleges of optometry concluded in a December 1992 article in the *Journal of the American Optometric Association*, "There are no manpower studies to give hard statistics of the number of practitioners needed now and in the future. We will still be increasing the number of optometrists in the country by maintaining the same course we are on now, and show no need for any new optometric schools or colleges. Yet, the present schools and colleges of optometry may need to expand or contract their entering class size as educational reform changes optometric education."

Nevertheless, a plan for a new school of optometry has been advanced by the University of North Carolina at Pembroke. With an ongoing multi-year

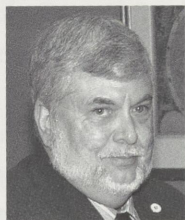
THE LIVING

In its most recent State of the Profession report, issued in 2004, the AOA found:

Estimated size of ophthalmic market in 2003:	\$25.6 billion
Consumer expenditures for professional exams and eye care:	\$23.4 billion in 2000 \$25.6 billion in 2003, 9.4 percent increase
Growth due to:	Steady but growing economy Increases in the range and volume of services provided Expansion in the coverage of vision and eyecare services Growth in the population needing eye care Public's enhanced awareness of the importance of good eye health care
Largest share of ophthalmic market:	Private optometry, approximately two-fifths (38.9 percent)
Largest gain in market share over the past two years:	Private optometry, reversing a trend that began in the 1990s
Full-time or equivalent optometrists in workforce in 2003:	Estimated 34,515
New ODs entering workforce each year:	1,125
Increase in number of retirees:	Up from 550 to more than 800 annually by 2015
Net supply of ODs:	Expected to increase. At the same time, population of those frequently requiring optometric services continues to grow. In particular, number of emerging presbyopes (40-49) and the older population (65+) are growing rapidly, placing ever greater demands on the optometric workforce.

feasibility study underway, \$10 million has been allotted for the plan. But amid rumors that the school is on hold, officials answer criticism from optometrists in the region who worry that more graduates in optometry in the area will create an oversupply. According to an AOA Planning Item this winter, "The school's chancellor disagrees, claiming that more optometrists are needed in rural areas and that as Baby Boomer-aged optometrists retire, the demand for younger ODs will increase. 'Stats will show when a school of optometry has opened it brings up the awareness and increases the business in that state and region,' the chancellor says."

Dominick Maino, OD '78 and ICO Professor of Optometry, also cites the, "growth in the general population, the aging of the Baby Boomers, the 'blip' of new births a few years ago and the advancement of the



profession" as considerations to be taken into account in the discussion of optometric manpower. Are there too many ODs? "Of course not!" he writes. "We should probably stay at current graduation rates or even increase them slightly. We are definitely undersupplied in qualified ODs in various areas of specialization such as Vision Rehabilitation, Pediatrics and Vision Therapy."

Valarie Conrad, OD, ICO Compliance/Privacy Officer and Associate Professor, looks beyond the number in a class to the basis of qualified applicants. "When people hear how many students apply to optometry school and how few we accept, they ask us why we are excluding acceptable candidates," she wrote in an email. "Most undergraduate institutions will accept on the basis of qualified appli-



cants. Optometry admits on a set number out of the qualified applicant pool.

"I know some practitioners will have the opinion that there are too many new graduates," Conrad continues. "I agree that more practitioners in the field may cause increased competition, but I think this is a good thing for these reasons:

1. Competition for quality care, service and price are all good for the consumer/patient.

2. Our profession has had professional reputation problems in the past that revolve around actions that the federal government and the public viewed as restraining free trade and competition. The federal statute addressing contact lens prescription release is an example.

"We should never allow a bit of competition in the market to dictate the number of graduates for the sake of less-

ening the competition. Competition should be lessened only in the case of a true, verifiable oversupply of doctors, which would be evidenced by doctors not finding jobs. As I hear it, the default rate for optometric student loans is almost nil. To me this means they all have jobs and are making a living." Indeed, the default rate on student loans for ICO graduates has been zero for many consecutive years.

MORE ODS

Conrad continues, "Talk of too many practitioners doesn't take into account the demographic profile of the U.S. population."

In fact, a report issued by the U.S. Department of Health and Human Services Administration on Aging found, "The older population — per-

ECONOMIC SURVEY

Optometric income gains slowed during 2002 compared to robust growth rates in previous years

Median net practice income in self-employed settings:	\$155,000, an increase over \$144,000 two years earlier
Median net income of optometrists:	\$114,500
Total individual OD median net income, including self-employed and employed settings in 2002:	\$110,000, slightly less than in 2000
Average total individual net income for all optometrists in 2002:	\$130,000
Highest median and mean total individual net income:	Self-employed optometrists in small groups or partnerships
Relative costs of conducting optometric practice:	Relatively unchanged, according to recent AOA surveys
Practice composition*	
Solo practice:	48.1 percent
Two-member partnerships or groups:	23.2 percent

* Proportion in solo practice arrangements has declined over past decade. Nevertheless, self-employment in private practice arrangements (solo, partnerships, groups) still dominates practice composition.

sons 65 years or older — numbered 36.3 million in 2004 (the latest year for which data is available). They represented 12.4 percent of the U.S. population, about one in every eight Americans. By 2030, there will be about 71.5 million older persons, more than twice their number in 2000. People 65+ represented 12.4 percent of the population in the year 2000, but are expected to grow to be 20 percent of the population by 2030."

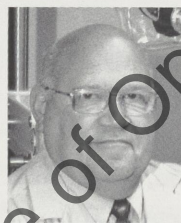
This means the market for eye care is only growing. According to a career guide prepared by the Association of Schools and Colleges of Optometry, 90 percent of Americans 45 years of age and over will require vision correction.

"The current number of ODs will not be able to keep up the quality of eyecare service for the elderly," Zeki Nur, Adjunct Professor of Optometry at ICO, wrote in an email. "If anything, more prospective OD candidates should be encouraged to choose a Low Vision specialty to offset the increasing demand for elderly care."

Derrald Taylor, OD '68 and ICO Professor of Optometry, is an expert on Low Vision. He says, "I am not sure the public and even some of us practitioners are fully aware of the wide variety of vision problems out there that one of us or a colleague can manage to benefit the patient. I don't think there are too many ODs. I think another question is more important. Why don't people know the scope of service in optometry? Many of our patients come for services with reports like, 'Why didn't my doctor tell me about this service?'"

Dr. Yi Pang, Assistant Professor at ICO, agrees. "I think right now we have a good balance of optometrists," she said via email, "but I am afraid there will be too many ODs in 10 or 20 years unless ODs' practice scope gets wider."

According to Messner, another way to look at it is, "If more ODs would practice to the limit of their training, there would be more opportunities for



optometrists. As a result, what is perceived as an over supply of "general" ODs could change as more would specialize in particular areas of optometry. No

But Stelmack disagrees. "That specialties will require more ODs is a phantom solution," he says. "It's smoke and mirrors."

What certainly seems real enough is the issue of retirement and its impact on the optometric workforce. According to the AOA's 2000 workforce study, "The supply increase is due to a low number of projected retirees."

Says Messner, "While I am not suggesting that anyone should be forced to retire, if ODs who continue to work well past what is considered to be a 'normal' retirement age would stop practicing, there would be less of an issue with the number of students graduating each year."

The problem, Maino says, "is the lack of an 'exit strategy' for those doctors who will plan to retire within the next couple of decades." Another problem, according to the NOA's Desrivieres, is optometrists who are retiring, but can't find anyone to take over their practices. "They will have to sell their offices because people don't necessarily want to serve in the minority areas," he says.

The inability to find optometrists willing to work in certain areas not only deprives patients and complicates retirement plans, it affects the profession by forcing others to step in where optometrists don't. "If we don't keep enough optometrists to supply the needs of the United States population, people will look to alternative practitioners," Colip fears. "For example, increasing the scope of opticians, who are already beginning to refract and fit contact lenses. This has the potential to dramatically impact our profession."

It will be interesting to see what happens in Canada, where last year, the blo

s per provincial government announced it
general had drafted a regulation to allow opti-
d spec cians, for the first time anywhere in
metry. North America, to provide sight tests
t spe that don't necessarily include a health
is assessment component, but can be used
smoke to fill optical prescriptions.

Also in Canada, opticians in Wal-
ugh i Mart stores are using autorefractors to
act o prescribe spectacles. According to the
ing t AOA's January Planning Items report,
"Th Wal-Mart Canada now plans to imple-
mbe ment the Eyelogic system, which uses
data from an autolensometer, an autore-
t sug- fractor and a computer-directed subjec-
ced to tive refraction, signed off on by a remote
work opthalmologist. "This," the report says,
'nor- "may soon affect a good many ODs,
actic MDs and patients throughout the
e with United States, as well as in Canada."

ating It continues, "While most optome-
trists would be quick to agree that
e lack growth and expansion should be the
s who manifest destiny of every healthcare
ouple profession, performing a mock eye
rding exam under the remote control of a dis-
etrists tant and uninvolved 'supervising' doctor
one to represents neither professional growth
have nor responsible patient care."

don't But, in a letter to the editor of the
norty AOA News last year, Dr. Byron Y.
Newman of San Diego, Calif., wrote,
etrists "Opticians want to refract. They are
t only learning how in optometrists' offices,
cates taught by ODs who think others should
rofes- do all the work, and all they need to do
where is analyze the data. But are the non-
keep optometric data gatherers providing the
r the kind of information they need to ana-
ation, lyze? I think not."

He goes on to say, "We need to grad-
mple, uate more ODs and open more schools
who to serve the needs of the future. When
nd fit population growth is low, or when
ial to enough of the population hasn't learned
." the value of our services...we think
hap- there are too many of us. But when it
, the blossoms again, and more people learn

about the value of optometry, we will all
be so busy we won't be able to handle all
the seniors and young people who need
our services."

According to Newman, "to downsize
now would be the downfall of optome-
try, allowing room for others improperly
trained to fill the gap."

THE X FACTOR OF THE FUTURE

Downsizing in the near future is unlike-
ly, according to the AOA's 2000 work-
force projections. "There is little that
can be done to prevent supply from
increasing over the next 10 years," the
study concluded, "as most care will be
provided by optometrists who are
already in practice and not affected by
decisions regarding how many optome-
trists to train each year."

What seems more likely is that the
increase of women in the profession will
impact the workforce. As of 2003, 25
percent of optometrists were women;
by 2020, the proportion of patient care
provided by female optometrists is
expected to increase to 44 percent,
according to the AOA's study. "The gen-
der composition of the profession," it
states, "will continue to change rapidly
in the years ahead."

One impact of more women seems
to be a shift in work hours. The AOA
study reports that female optometrists
work approximately five hours per week
less than their male counterparts. That
number could grow if optometry fol-
lows a worldwide trend toward an
increase in part-time work, as found in
a 2005 Health Policy analysis of med-
ical specialists' time preferences. More
specifically, the report said, "medical
specialists working part-time tend to be
female, older, and have children below
the age of five."

Indeed, female students at ICO
often cite the desire to balance work
and family as one of the primary reasons



they chose optometry as a profession.
With a culture that accommodates flex-
ibility, optometry generally permits
women to decide how much time they
want to work. In terms of the national
supply of optometrists, more part-time
practitioners calls for an increase in the
number of ODs needed to fill a full-
time schedule.

Despite the AOA's extensive investi-
gation into workforce projections, just
how many optometrists are and will be
needed in the United States is difficult
to calculate because the profession is
constantly evolving. After announcing
the excess supply by 2030 in its report,
the AOA concluded that, "A gradual
convergence between the need for eye-
care services and actual utilization,
which might occur in response to
changes in the nation's healthcare sys-
tem, educational programs or increases
in the proportion of the population cov-
ered by a vision benefit, could reduce or
eliminate the excess supply. A one per-
cent annual increase in per-capita
examinations corresponds to a 22 per-
cent increase in per capita examinations
over a 20 year period. The increase
greatly reduces excess supply projec-
tions, which results in a shortage of
optometrists by 2015." ♦

— Ruth Carol contributed to this story.

Opinion Poll

ICO students address the question of overcrowding

One day last fall, we took a random, unscientific poll of the ICO student body. We talked to people clustered in the cafeteria, snacking in the lounge, taking a break from class, gathered at the Indiana Avenue entrance, working in a lab and hanging out in the hallways. We asked their opinions of class size at ICO, and what they think about the supply of and demand for optometrists in America. Here is what they said. Comments have been edited for clarity and space considerations. We regret we could not include more.



ALIISA BODKER

FOURTH YEAR,
NORTHVILLE, MI

I don't think there are too many ODs.



HEATHER MCLEOD

FOURTH YEAR, CHICAGO, IL

Getting a job is not going to be a problem, even if I have to do something I don't like.

I worked at Lenscrafters, and it was interesting to see how a commercial practice works. They can provide surprisingly good care — it all depends on the doctor. That was good to see because we aren't going to get our own private practice as soon as we graduate. We will need more training because we don't get enough at ICO to start a business. You can get some through the externships, but I think there should also be a mandatory class for billing and coding.



PUJA GOEL

FOURTH YEAR
ALBUQUERQUE, NM

I did feel my class was too big. There was not enough one-on-one with professors.



JANET WHEELER

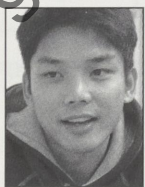
SECOND YEAR
CHICAGO, IL

Large classes are an advantage.

ROBERT GOODWIN

FIRST YEAR, NAPERVILLE, IL

I think there's possibly a problem of too many optometrists in Illinois since ICO is here and people fall in love with Chicago and want to stay. But with the aging population there will be more need, so there won't be a problem, especially in the specialties. A lot of women are going part-time; men can do the full-time thing. I'm not worried.



ART SAKULSOM

THIRD YEAR, THAILAND

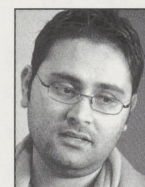
Class size could be smaller. One hundred and twenty people would be nice, though 160 isn't really that large. Sometimes smaller isn't that good either. But, in class it's crowded sometimes, and there's not as much attention from the attending. Still, we have the same numbers and ratios of students as they do in medical schools.

It can be competitive in a big city, but if you give the best care, you don't have to worry about people coming in.

MATT VIOLET

FIRST YEAR, CANTON, OH

The number of students at ICO is a little high, but in an expanding field, that's OK. Optometry is growing, we're getting to do more. This school is up to the challenge of all its students; it's well-suited for it.



IMRAN ALI

FIRST YEAR, CHICAGO, IL

I think ICO accommodates the number of people here, though as a first year

I haven't experienced the rush yet. Now we get one-on-one with teachers if we want, and classmates are helpful.



KATHLEEN CHARO

FOURTH YEAR
WESTERN SUBURBS
OF CHICAGO

In areas where there are optometry schools there's a high concentration of optometrists, but around the country, there's a need for them. In the city there's a concentration; in rural areas, there aren't enough.

MONNIE GILL

THIRD YEAR,
TORONTO, CANADA

ICO's class numbers are on the high side; compared to other schools, we admit the most. But I wouldn't say we're contributing to a problem of too many ODs. The level of education isn't impacted. ICO is a leader more than anything else. ♦

From left: Richard S. Kattouf II, OD '97, Valerie Kattouf, OD '95, Richard Kattouf, OD '72, Jacqueline Kattouf, Charlotte Shaheen and Janice Kattouf



Richard Kattouf, OD, DOS '72, remembers the past and looks to the future

Back and Forth

Richard Kattouf, OD '72, is a big believer in giving forward as well as paying back. The advantage of giving forward is the ability to see outcomes, says Kattouf, who in 2002 gave \$150,000 to the Illinois College of Optometry.

He has also paid back the college in non-monetary ways. Kattouf is serving in his sixth year as a member of the ICO Board of Trustees. Both his daughter, Valerie, who is now a professor at ICO, and his son, Richard II, graduated from ICO, as did a nephew, first cousin and four of his employees. Even as a student, Kattouf gave back by serving in the student government and as class president.

"ICO has been very good to me," Kattouf says. He has a deep love for the

College, which he credits for helping launch his career. Kattouf's mentor, Dr. Larry Vogel, MCO '48, gave him his first experience in independent optometry as a student. "Dr. Vogel took me under his wing after my first year of optometry school, and gave me the opportunity to learn optometry in a practical way," recalls Kattouf.

The faculty, superior clinical experience, and extensive curriculum in developmental vision and orthoptics — two areas of interest — is what drew Kattouf to ICO. "I found the ICO professors to be demanding academically, extremely helpful and very hands-on," he says. In clinic, Kattouf found the patients very challenging. "You see a tremendous amount of pathology and difficult

vision problems, much more than you see in the general public," he says.

That experience has enabled Kattouf to sustain a thriving private practice, Advanced Eye Care, in Warren, Ohio, for more than 30 years. His son and nephew now run the practice while Kattouf devotes himself full-time to serving as president of Kattouf Consulting Services, a Bonita Springs, Florida-based management consulting company that serves optometrists and ophthalmologists. In addition, Kattouf serves as practice management editor and writes a column for *Optometric Management* magazine. He is also writing a book about professional management. ♦

— Ruth Carol

The Illinois College of Optometry's revenue and expenditures from July 1, 2004 to June 30, 2005.

2004-2005 Financial Report 2

Percent of
Operating Activity 2005 Total
Unrestricted

REVENUE GAINS AND OTHER SUPPORT

Tuition and Fees	67%	\$16,733,006
Patient Care Services and Materials	13%	3,278,402
Grants and Contributions	5%	1,229,167
Other	1%	177,655
Interest and Dividends	2%	628,931
Auxiliary Enterprises	10%	2,438,982
Funds Released from Restriction	2%	633,221
Total	100%	\$25,119,364

EXPENSES

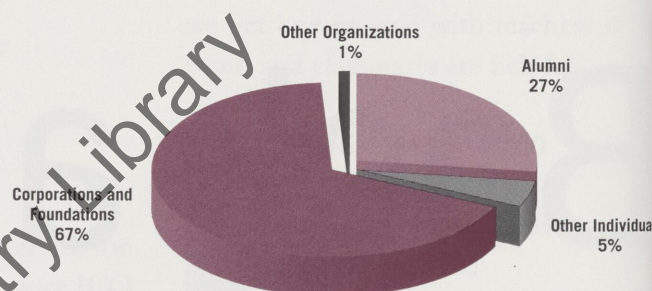
Instruction	31%	\$8,631,412
Academic Support	6%	1,633,705
Student Services	8%	2,121,520
Patient Care Operations	19%	5,195,661
Auxiliary Enterprises	10%	2,677,790
Institutional Support	26%	6,936,419
Total	100%	\$27,196,507

Change in Net Assets

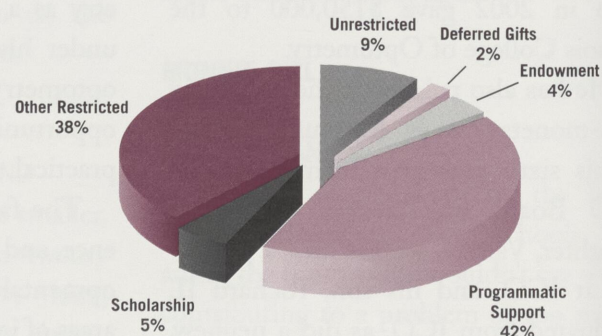
From Operating Activities	(\$2,077,143)
Non Operating Activities	\$3,646,029
Total Change in Net Assets	\$1,568,886

Net Assets at Beginning of Year	\$21,434,846
Net Assets at End of Year	\$23,003,732

Source of Philanthropic Funds



Use of Philanthropic Funds



It is with great pleasure that we recognize these many alumni, faculty, friends and institutional donors for their generous contributions to the Illinois College of Optometry. Your financial support during fiscal year 2005 totaled \$1.185 million, establishing a new milestone for the College. We thank you for making this achievement possible and for your partnership in the on-going fulfillment of our educational and healthcare missions.

2005 Honor Roll of Donors

Lifetime Giving

This honor roll reflects cumulative giving of \$5,000 or greater for gifts received through June 30, 2005.

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Chairman's Club \$75,000 - \$99,999

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Alvin Zohn, OD

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Legacy Society members are recognized for their foresight in including the Illinois College of Optometry in their wills and estate plans.

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Thomas E. Artley, OD
Jordon Beller, OD
Otto H. Bender, OD
Dr. and Mrs. Neil Boderman
John E. Brandt, OD, DOS
C. Richard Brewer, OD
Estate of Constance A. Bryniczka
Estate of Robert W. Bumbleburg, OD
Estate of Mary H. Condon
Estate of John Stephen Curtis
Mary B. Demetros Estate
The George Lloyd Demetros, OD,
and Mary B. Demetros Trust
Gurpreet K. Deol, OD
Bob Eastland, OD
Dick Edwards, OD
Robert L. Fait, OD
John P. Fitzpatrick
Willard B. Glime, OD
Geoffrey W. Goodfellow, OD
Estate of Mary Gooding
Dwight E. Halligan, OD
C. K. Hill, OD, DOS
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Anna B. Welch Scholarship

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Howard I. Woolf, OD, DOS

Fiscal 2005 Honor Roll

This honor roll recognizes all gifts received from July 1, 2004 through June 30, 2005.

Monroe Society \$750 - \$999

Jeffrey J. Clark, OD, MS
Mr. Gerald Dujisk
Ms. Lynn Petrica

Needles Society \$500 - \$749

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Anonymous
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Valerie M. Kattouf, OD
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\$53,934	Philip Hottel	1948
\$36,842	Dick Edwards	1939
\$25,800	Myrel Neumann	1962
\$20,450	Pui Lam Tsang	1954
\$18,470	Richard Kattouf	1972
\$16,865	Alan Mandel	1949
\$14,470	Donald Bush	1979
\$12,800	Irwin Azman	1977
\$10,980	Steve Leon	1980

CLASS TOTALS Highest Number of Donors

Number of Donors	Class
28	1980
24	1977
21	1979
20	1949
18	1981
17	1976
17	1982
16	1948
16	1950
16	1978

CLASS TOTALS Best Participation

Participation	Class
21.88%	1959
21.01%	1980
19.05%	1962
18.60%	1977
17.56%	1971
16.13%	1968
15.56%	1961
15.00%	1960
14.89%	1979
13.59%	1974

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change; students almost
always look the same.



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Magazine of the Illinois College of Optometry
and the Illinois Eye Institute

Volume 5 / Issue 2 / Spring/Summer 2006

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Front cover photo of Louise Sclafani, OD '89, and Seenu Hariprasad, MD,
colleagues at the Duchossois Center for Advanced Medicine in Chicago.
Photo by Lloyd DeGrane.

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A Message from the President

A good friend of mine died suddenly this summer. I sadly traveled to Columbus, Ohio, for his funeral services and to extend my condolences to his family. Thirty years ago, my friend began teaching with me in the patient care service I directed at the Ohio State University. He was articulate, highly respectful of the dignity of all individuals and a terrific practitioner. He understood excellence in patient care and practiced in a manner in which our mutual patients were best served. He was also very courageous, since those were the days when a progressive thinking physician who practiced with optometrists was often ostracized by colleagues.

How times have changed. The Illinois College of Optometry is now celebrating the 10th year of our highly successful educational affiliation with the University of Chicago Department of Ophthalmology & Visual Science.

During this past year, we have added ACCESS Community Health Network, a Federally Qualified Health Center staffed by primary care physicians and nurses. Through the Healthy Eyes Healthy Body program (see story p. 14), we are jointly giving presentations to local civic and health groups regarding the importance of preventative primary eye and medical services.

The optometrists and their students practicing within the Illinois Eye Institute are now the "gate keepers" of health care for managed care patients seen under our Advocate contracts. Students receive outstanding patient care experiences at our 113 external

rotation sites for fourth-year doctoral candidates. Many of these sites have preceptors who are physicians as well as optometrists, and optometrist faculty members and their students and residents practice very capably within the Department of Veterans Affairs hospitals across the country.

Before coming to ICO four years ago, I personally had the privilege of serving for two years in the Office of the Provost at a large university with a major academic health center. The deans of all 12 schools within that university reported to the Provost, including the deans of dentistry, nursing, public health, health related professions, optometry and medicine.

Sometimes it takes an emotional event like the death of my good friend, Wilbur C. Blount, MD, to realize just how far we have progressed in the interaction between optometrists and other health professionals in the service of our mutual patients. I'm proud that ICO continues to be a leader in this healthcare synergy, which leads to outstanding patient care.

A handwritten signature in dark ink, reading "Arol Augsburger".

Arol Augsburger, OD

Letters

Speaking of Diplomas

[In the Fall 2005 issue of *ICO Matters*, there was a story featuring] a woman with her great-grandfather's 1896 diploma from the Northern Illinois College of Ophthalmology and Otology. My uncle, Madison Gilbert, had an identical diploma from his attic that was framed in perfect condition. Unfortunately, I have not been able to find it since his estate sale. He is pictured in the 1920 history photo of the ICO booklet that is mailed to applicants. He was an excellent and dedicated optometrist, and in 1923 was president of the Michigan Optometric Association.

Robert Hass, OD '81

I have my granddad's 1903 diploma from NICCO hanging in my office. He received the Doctor of Optics degree. I enjoyed reading some of your celebration issue (Fall 2005).

Barry Edewaard, OD '67

Mahalia Jackson at Pilgrim Baptist Church

It was way back in 1962 as a first-year student at ICO that I first came to be aware of the Pilgrim Baptist Church. I lived in Hammond, Ind., and would arise quite early to catch a ride with fellow first-year student, John "Mitch" Mitchell. We would take the long ride over the then-new Skyway and northward to ICO. On several occasions we would pass the church and note the rather loud music coming from what almost seemed to be a pulsating building. We learned that the reason for these most interesting and joyful sounds was that the one and only Mahalia Jackson was practicing for Sunday Services. That truly was the very beginning of what was to be a most impressive career and the beginning of Gospel music as we know it today. It was sad to read of the church's demise [*ICO Matters*, Winter 2006].

Boykin Baird Smith, OD '65

Dear Editor:

Letters regarding the Winter 2006 issue of *ICO Matters*, which discussed optometric supply and demand

Dear Ms. Marti,

I read with interest your cover story on the supply and demand of optometrists.

I am writing to clarify and correct some statements in the article. Your mention that optometry has been added to the National Health Service Corps (NHSC) is a bit premature. The American Optometric Association has NHSC participation as a priority and a goal that we are actively pursuing, but we have not yet attained inclusion in the NHSC.

In the matter of community health agencies and the National Association of Community Health Centers (not the "National Community Health Agency" as reported), the AOA has been instrumental in collaborating with both the MACHC and the National Rural Health Association to bring eye care to underserved urban and rural populations.

Because of the keen interest students of optometry have in researching available federal program support for defraying education costs, and because the AOA has reported on efforts to secure participation in the NHSC, I am concerned that an announcement that optometry now participates in NHSC will likely cause confusion. Accordingly, I ask that you clarify that optometry does not currently participate in NHSC but that efforts are underway to seek inclusion.

Thanking you for your attention to this matter.

Sincerely,
David S. Danielson
Deputy Director, Government Relations
American Optometric Association

Internet contacts, WalMart, LensCrafters and Target have turned optometric supply and demand upside down.

ICO faculty are in psychological denial about the oversupply of ODs.

Richard Bator, OD '77

continued on page 7



Attention on Deck

ICO hosts Commissioning Ceremony for Navy scholarship students

At a ceremony on May 19 at ICO, four graduates accepted commissions from the President of the United States as Lieutenants in the U.S. Navy.

The students who received a commission are:

- Christopher S. DeAngelis, Naval Hospital, Okinawa, Japan
- Albert S. Licup, Naval Health Clinic, Great Lakes, Illinois
- Megan J. Rieman, Navy Branch Health Clinic, Norfolk, Virginia
- Lance L. Rittenhouse, Naval Hospital, Oak Harbor, Washington

As an officer in the Armed Forces, each of the graduates will work for at least three years in active-duty service in exchange for tuition or salary paid to Navy scholarship recipients. The ICO graduates make up approximately 30 percent of the new ODs entering active-duty naval service in 2006. ♦

Phonathon Thanks!

Thank you to all ICO alumni who participated in our 2006 Annual Fund Phonathon Campaign. More than \$18,000 was raised through our calling efforts.

It was great talking to so many of you. With the help of student callers and a professional calling firm, we were able to reach out to more than 700 alumni. Our students particularly appreciate your encouragement, advice and tales from the front.

Thank you for being a part of this success! ♦



State visit

Illinois State Representative (D) Toni Berrios with ICO President, Dr. Arol Augsburger. Berrios toured ICO and the Illinois Eye Institute in March. ♦

Taking the Plunge

Faculty and students plunged into the frigid waters of Lake Michigan on Sunday, March 5, and, as Casey Hogan, OD '97, Assistant Professor of Optometry, said, "It's not because we're crazy. We participated in a great fundraising effort, the Chicago Polar Plunge, which helps raise money for the Chicago Special Olympics."

More than 30 College participants joined others from around the city to take the plunge. They were distinguished by their blue ICO t-shirts. Drs. Hogan and Tricia Newman, OD '97, Assistant Professor of Optometry, organized the outing. ♦



Rites of Spring

Ceremony marks the end of the school year at ICO



THE BEGINNING OF THE END

ICO's colors come out on International Night, the annual spring showcase of student talent. ♦



One hundred and thirty-six students marched in **ICO'S GRADUATION SERVICES** on Saturday, May 20, 2006. The class was 64 percent female, 36 percent male, and members came from 24 states, eight countries and five Canadian provinces.

During the ceremony, Commencement speaker, Lesley Walls, OD, MD, President of Southern California College of Optometry, received the Illinois College of Optometry's Doctor of Ocular Sciences (DOS) honorary degree (see story on page 18). ♦



THE CAPSTONE PROGRAM (pictured) is just one event on the way to graduation. Students begin with a trolley ride to Hyde Park, where they rehearse for commencement in Rockefeller Chapel on the University of Chicago campus. Other activities include a dinner and an awards ceremony. ♦

Dear Editor:

THE OPTOMETRIC FOUR HORSEMEN OF ILLINOIS AND CAVALRY SPEAK TO SUPPLY AND DEMAND

The Optometric Four Horsemen of Illinois and Cavalry feel, with their many collective years of successful private practice, they can be helpful in the discussion of too many or too few optometrists.

Optometry, for some time, has been the leading profession in the provision of primary eye care in the United States. From every source, including medicine, statements are made similar to this from former House Representative, E.Y. Berry, R-SD (1939-43): "Ninety-three percent of all eye care is not medical and would be better served by optometry. Medical practitioners have entered the profession of optometry by exemption, never proving to the public or anyone else at all, their fitness to practice optometry."

If 93 percent of the public's eye care were truly served by the profession best educated to serve them — optometrists — there would be an extreme shortage of ODs. The demand would absorb any perceived over-supply of optometrists. It is unfortunate that ophthalmology finds it necessary to attract optometric patients to insure enough higher fee surgical cases to fill their schedule. In most cases, the ophthalmologist delegates the optometric procedures to poorly trained or untrained staff and simply signs-off on the examination. This is ethically and morally wrong and is a disservice

to the patient. This delegation should be illegal.

The issue of too many doctors was addressed in the Rand Study in the 1990s, commissioned by ophthalmology. The report suggested there were far too many ophthalmologists. The recommendation of the study advised practicing ophthalmologists to do one of three things: retire, retrain, refract. The study suggested ophthalmology's role in eye and vision care was in the many ophthalmology sub-specialties such as retina, anterior segment, glaucoma and others. To refract does not bring the dignity and respect ophthalmology deserves.

For the good of all, including the public, ophthalmology and optometry, we must stop inter-professional bickering and define the role of each profession in order to work in complete harmony for the benefit of the patient. What this means in real terms is that we need fewer ophthalmologists to serve the seven percent, and more optometrists to serve the 93 percent.

To summarize, your Optometric Four Horsemen and Cavalry quotes Charles Kettering: "The world hates change, yet it is the only thing that has brought progress." Optometry must move forward to be of the greatest service to humankind. We must diligently work to free ourselves of the image of second class citizenship in the healthcare professions by eliminating the exemption from practicing optometry enjoyed by physicians (MDs) in every state optometric practice act. We must declare ourselves an independent health profession with our own scientific body of knowledge, our own schools and our own regulatory boards. We

must position ourselves as the ONLY primary eye care provider. Further, we must diligently and carefully plan to influence our colleagues in private practice to develop plans for the perpetuation of their practices. Too many optometric practices are lost due to poor planning and fear of change. Optometric specialization should be encouraged and referrals between optometrists must increase. The broad spectrum of service optometry provides for improving the quality of life of our patients is growing every day. Why must we be dependent on peddling spectacles to pay the bills? Optometry has matured as a profession and gained the respect of the medical community as well as the public. Let us use this influence to provide the expanded services so necessary in today's fast moving society.

"Everyone thinks of changing the world, but no one thinks of changing himself."
Leo Tolstoy (1828-1910)

Floyd Mizener, '48, Lawrence Vogel, '48, Floyd Woods, '51 and Irving Kernis, '37, (deceased) for the Optometric Four Horsemen of Illinois and Cavalry:

Willard Lyons, '61
John Leon, '48
Joseph Nolan, '49
Elliot Politser, '47
Sol Rocke, '49
Sol Tannebaum, '48



The Four Horsemen of Illinois with friend Janet Hughes, (left to right) Floyd Woods, OD '51, Floyd Mizener, OD '48, Lawrence Vogel, OD '43, and Irving Kernis, OD '37, (now deceased).

Still in the Saddle

Retired alumni on top of professional issues

Every profession has its inevitable professional associations, but only optometry can boast of having "Four Horsemen" and a cavalry of supporters.

The "Optometric Four Horsemen" are now actually three: Floyd Woods, Floyd Mizener and Lawrence Vogel (the fourth, Irving Kernis, has passed on). The horsemen, ODs graduated from ICO, have known each other for upwards of 50 years. They banded together a few years ago to advance the interests of the profession.

Among other activities, the horsemen and cavalry run Eye Grads Inc., an organization that encourages affiliations between older practitioners and younger ones, and even arranges the sale of practices. They also operate National Vision Consultants, a company that helps police and fire departments establish visual standards for job candidates.

But, as Woods puts it, part of what the horsemen do these days is offer guidance on matters crucial to the future of optometry. "We want to keep our fingers in the pie," he says, "to have some influence."

— Dave Mulcahey



DEAR EDITOR,

I believe optometry has lost what formerly marked it as a unique profession: full-scope optometry.

Over the 40 years I practiced, I was certified for and fitted every type of contact lens, and I took quite a few courses in nutrition counseling to aid in preventing cataracts, macular degeneration and other degenerative diseases.

But the area I became most interested in was developmental-behavioristic vision care for children who were labeled handicapped. I spent more than 1,000 hours at the feet of those most experienced in this and other types of vision therapy. During these courses and continuous subscription to the OEP papers, I also learned how to treat strabismus, both exotropia and esotropia, and was quite successful at re-establishing binocular vision in almost every case.

Where does ophthalmology even come close to matching these types of skills?

I rendered services to 10,000 different patients. But in most of this visual therapy, third-party payments were rejected because a large part of it was a mixture of both medical and educational, so neither paid the bill. The parents were responsible and on their recommendations I built my practice. What are the organizations in our profession doing to get third-party coverage for a service that would dramatically lower the cost of education in our country? Who cares if ophthalmology agrees with it or not?

Today when I meet [former patients] on the street, I still get thanks after 17 years of retirement from optometry. The strange part of all this is the neighboring ophthalmologists almost unanimously branded it as some type of quackery and fraud. Even though they never inquired about what I was doing, it was quite apparent that what they were not up on they were completely down on.

And now that optometry has seemed to become bedfellows with ophthalmology, it appears primary eye care has become the

standard mode of practice, with the health of the eyes and how to recognize and treat diseases basically what is presented in most workshops. The functional care, testing and treating of visual mal-performance, the functional 21 point, OEP visual testing at both far and near has pretty much disappeared. Optometry is no longer a unique profession, but simply a technical servant of ophthalmology. Today sight and vision have become the same thing.

Recently I failed my driver's license test in vision, went to have my eyes checked and was told I have dry macular degeneration and cataracts, should consider surgery, and would have to have my eyes tested every two years. I knew about Dr. Merrill Allen's development at Indiana University of an instrument to treat dry macular degeneration, and I had read in *Alternatives* magazine about drops used in England to treat cataracts, though in this country they cannot be advertised commercially. I got the drops and the instrument, treated myself at home and this is the result: OS from 20/40 minus, now 20/15; OD a poor 20/200 minus to 20/40 minus. But ophthalmology has stated you cannot treat dry macular degeneration, and cataracts need surgery. And we should take them at face value?

Sincerely yours, hopeful that optometry can still recover its soul,

Rev. Richard Kosterman, NICO '49 (from the windows of the soul to helping the soul itself — now that is making real progress!)

HIGH (AND TO JOE OF THE "DYNAMIC '78 DUO"!!!),

I saw your comments in the Winter 2006 ICO Matters and wanted to let you know you need to quit hanging around the Bridgeport bars and get out in the real OD world more often!

Just kidding, but seriously, aside from the "job security" for those of you in academialand, we are getting absolutely flooded with new grads in the Southwest and other areas of the country where people desire to relocate. Their only option seems to be commercial due to extremely high debt (WE thought it was HIGH in "our" day at ICO!!!), the overcrowding of ODs and those practicing longer into their careers,

etc. At this rate, optometrists will turn out like pharmacists: highly trained/overqualified and underutilized with respect to clinical skills, training and expertise.

I have been blessed/fortunate to have a thriving practice across from Scottsdale's busiest hospital, in the largest office condo project in America, concentrating on "high-end" ophthalmic care and disease diagnosis and treatment. It would be near impossible to do this as a young grad/start-up in today's world. (Unless they had "blue blood" and did it as a hobby/for fun!) While I appreciate your thoughts and position, a former classmate wanted to respectfully (well, sort of with respect) disagree with you.

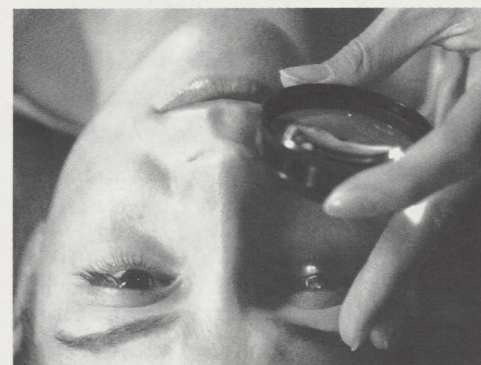
Best regards,
Gary Greene, OD '78

DEAR GARY,

As you told me during our recent phone conversation, your letter regarding the number of optometrists in the United States was a bit "tongue in cheek," just to get a rise out of me ... and of course I obliged. You made some very good points. These same issues were noted in the article. There certainly are specific areas of the country that attract our graduates and competition does exist in those areas. However, as you noted in your letter, optometrists can prosper no matter where they are.

As to hanging out in Bridgeport bars, I gave that up soon after my student days (darn!). Thanks for being a successful ICO graduate in spite of the competition and for helping new grads whenever you can.

Your friend and ICO Class of '78 colleague,
Dominick Maino, OD



Working Relationship

Patients benefit when ODs and MDs work together

In this issue of ICO Matters, we explore the relationship between optometry and ophthalmology. Surprisingly – or not – no one was particularly eager to discuss this subject. Those who agreed seemed to speak in whispers, the hushed tones of relatives discussing a difficult family issue.

On the other hand, like family issues, sometimes the discussion between the professions has gotten quite loud. For decades they have publicly battled as optometry evolved and pushed to broaden its scope of practice. An article published in Ophthalmology Times in 2003 called on medical physicians to “defend their turf.”

But those who would contribute to our discussion overwhelmingly agreed that the relationship can be, and often is symbiotic. Indeed, William Mieler, MD, Chair of Ophthalmology & Visual Science at the University of Chicago, says that’s how it should be. “Most important is good patient care,” he said. “There are wars among a minority of people. The number one priority is good care.”

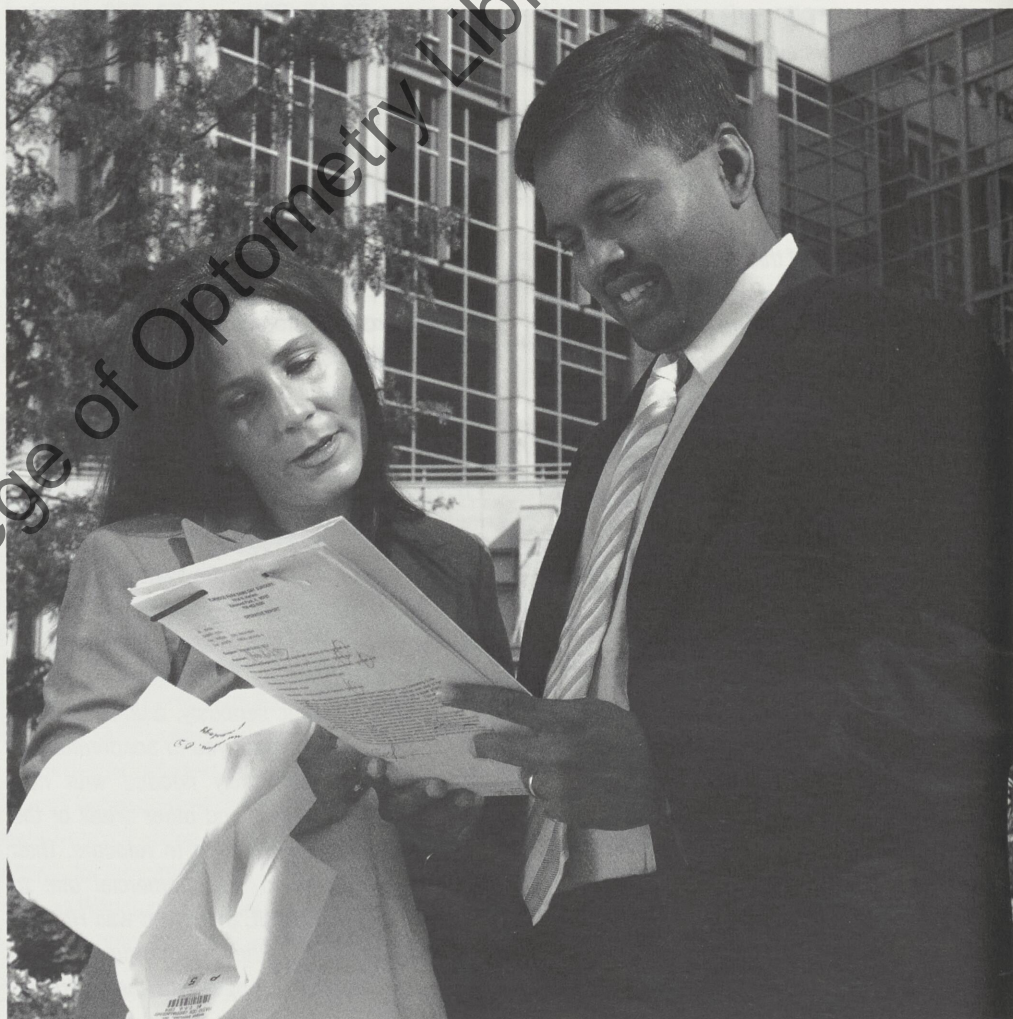
Louise Sclafani, OD '89, (left) is an Associate Professor of Ophthalmology at the University of Chicago. She works closely with Seenu Hariprasad, MD, Assistant Professor of Ophthalmology and a retina specialist (right), to provide full service eye care at the Duchossois Center for Advanced Medicine at U of C. Says Dr. Hariprasad, “Optometrists play a very distinct and important role here. I don’t know what we ever did without them.”

Mieler said he sees many benefits in the 10-year-old partnership between his department and ICO. “It’s a well-established, working relationship where primary care is at ICO and tertiary care is here.” Faculty members from both institutions hold joint or adjunct appointments, and they collaborate in patient care as well as research. “I’m very glad we’re involved with each other,” Mieler said.

For this article, we spoke with alumni, faculty and students. They all agreed with

Mieler that patients should be of utmost concern. They also acknowledged the MD/OD competition factor, as well as the synergy of partnerships forged through communication and common good.

As you read, remember these opinions are just the start. We’d love to hear your thoughts on this issue. Please email or write Editor, ICO Matters, Office of Institutional Advancement, 3241 S. Michigan Ave., Chicago, Illinois 60616, or smartti@gte.net. Thank you! ♦



Tempering Tensions



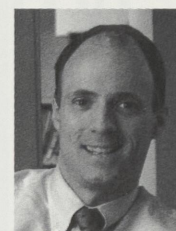
Brian Caden, OD '72



Tricia Newman, OD '97



Tiffany Lueken, OD



Robert Mack, MD

ICO faculty say training and working together ease strife between ODs, MDs

Let's face it; optometrists and ophthalmologists haven't always seen eye to eye. Tricia Newman, OD '97, ICO Chief for the Center for Advanced Ophthalmic Care, attributes the strained relationship to both fields having differing views of the other's professional agenda.

At times, according to Brian Caden, OD '72, Chair of ICO's community-based education program, this has led the relationship between the two professions to be unnecessarily antagonistic at a political level, and unproductive to the growth of both. Yet, Caden says, on a personal level, his experience and professional interaction with ophthalmologists has been very productive.

Newman concurs. She has worked in a private ophthalmologic practice and with ophthalmologists from the University of Chicago for the past eight years, and has had only positive experiences with ophthalmologists. "I believe the relationships I have forged in both settings have changed the way I view ophthalmologists and in turn, the way they may view optometrists," she says.

Similarly, says Tiffany Lueken, OD, an ICO part-time faculty member also in private practice in the Chicago suburbs, "I am fortunate enough to work with an

ophthalmologist who knows what we're trained to do and respects that." However, she does have colleagues who have worked with ophthalmologists who view optometrists as solely providers of vision care.

Robert Mack, MD, in private practice at Midwest Refractive Surgery and Cornea Consulting, Inc., in Hoffman Estates, Ill., credits optometrists with putting his practice on the map when he went solo. "They gave me the benefit of the doubt and referred a lot of patients," he says.

"It's true MDs have more years of education, so it's easy for them to act like ODs aren't up to snuff," continues Mack. "However, I have always been extremely impressed with the knowledge base I see from my referring and managing optometrists. When ODs and MDs work well together, everybody benefits, especially the patients."

Mack believes that the tension between optometrists and ophthalmologists would be greatly reduced if they were trained together, noting that he had no contact with optometry students during his entire four-year ophthalmology residency program. It wasn't until his refractive surgery fellowship that he met optometry students and became familiar with the profession.

"The best thing is for MDs to work with optometrists to truly get a sense of how effective the relationship can be," says Mack, who hired former ICO faculty member, Elyse Chaglasian, OD, to a full-time position this past February. "I do more on the surgical end of things and she does a lot of contact lens and

disease management," he says, adding that she has a great rapport with the patients and a wonderful reputation among the ophthalmologists.

Caden's community-based education program places fourth-year students in a variety of different settings, including ophthalmology practices, primarily to enhance the students' knowledge base and clinical skills. Students are not only exposed to ophthalmology, but they learn to feel comfortable referring patients to ophthalmologists and finding the follow-up care their patients need. "It also allows ophthalmology to better appreciate the skills and knowledge we can bring to our patients," he says.

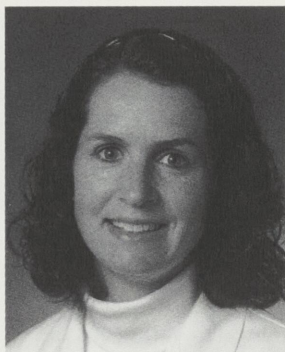
Caden also stresses collaboration among professions when teaching in pediatrics clinic. "I teach my students that they have to be able to communicate not only with ophthalmologists, but pediatricians, internists and parents," he says. "I encourage them to practice to the level of skills and knowledge they received in their clinical training." But if a patient's problem goes beyond that, then optometry students need to know which specialty to refer the patient to for evaluation and treatment so that the patient can receive the best possible care, he adds.

Newman says her own relationships with ophthalmologists allow her to teach clinicians and residents how to develop, maintain and enrich strong professional relationships with ophthalmology. "Ultimately," she says, "I aim to help bridge the professions and to promote a respectful working environment in order to best serve my patients." ♦

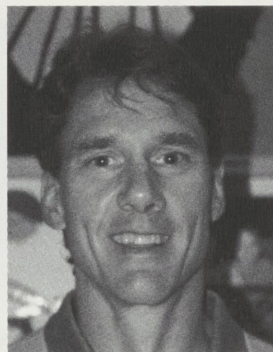
— Ruth Carol



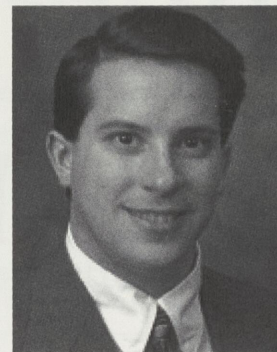
William L. Brown, OD '73



Jane Bachman, OD '91



Daniel McGehee, OD '88



Peter Russo, OD '87

ODs and MDs: An Effective Partnership

Can ODs and MDs work together in harmony? It's a tough question with no clear answer for all situations.

Nonetheless, we recently posed this question to four ICO alumni who work alongside ophthalmologists on a daily basis. Their consensus was a resounding "Yes!" All four agreed that ophthalmologists and optometrists can collaborate to meet patients' medical needs. Yet, each also offered insights to make the OD/MD relationship work better.

WORKING TOGETHER AS PARTNERS

Each of the optometrists we interviewed had positive and productive working relationships with ophthalmologists.

William Brown, OD '73, and Peter Russo, OD '87, both work in academic medical centers, where optometrists are members of the ophthalmology department. Brown says, "From my standpoint and experience, MDs and ODs should and can work together. I find the relationship between optometrists and ophthalmologists [where I work] at the Mayo Clinic to be very appropriate and rewarding for both sides."

Brown previously spent 11 years in private practice. He adds, "It was a different relationship between ODs and

MDs in private practice, but not less cordial. As a private practitioner, I referred patients to the ophthalmologist for services like cataract surgery or retinal problems, and I comanaged the cataract surgery patients."

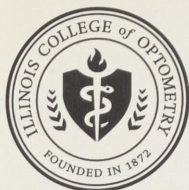
Russo agrees. "The ophthalmologists [at Loyola University Medical Center] are my colleagues and friends. We are members of the same team. We share the same patient record, and can talk casually about the patient's needs at any time."

Jane Bachman, OD '91, who works at the Medical College of Wisconsin, sees a symbiotic relationship as mutually beneficial to both ophthalmologists and optometrists. "With optometrists on their team, ophthalmologists have a

wonderful working relationship for referrals and a financial incentive because they spend less time on primary eye care and therefore have more time to concentrate on their particular area of specialty or interest. For optometrists, this relationship paves the way for advances in optometry and fosters mutual respect."

FOCUSING ON WHAT EACH DOES BEST

Working as partners in an academic setting or group practice, ophthalmologists and optometrists can each focus on what they do best. Brown explains, "I can refer my patient to a specialist the very same day, right down the hall. And I receive referrals from my ophthalmol-



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SUNDAY, JULY 23 – MONDAY, JULY 24, 2006

16 hours certified CE
ICO Campus
\$200 per day

Topics and Speakers:

Glaucoma Case Presentations; Considerations and Care for the Keratoconic; Contact Lens Complications; Acute Red Eye; Urgent Eye Care; New Trends in Ocular Therapeutics; Ocular Allergies, Michael Chaglasian, OD, Neil Hodur, OD, Janice McMahon, OD, David Castells, OD, Renee Reeder, OD

CE COURSE SCHEDULE

7 a.m.	Sign-in and continental breakfast
8 a.m.	Course begins
Noon to 1 p.m.	Lunch
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Limited seating. Registration for this event is accepted by phone only. Please call 312-949-7081 to register or for more information.

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SUNDAY, OCTOBER 15, 2006

6 hours certified CE
ICO Campus
\$150 without test, \$175 with test

Topics and Speakers:

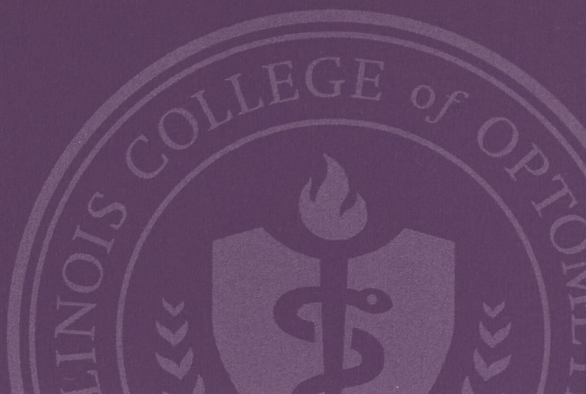
Visual Benefits of Contact Lenses: Alternative Uses; Contact Lens Related Ocular Surface Disease: Causes and Cure; Contact Lens Complications: Prevention and Management, Janice Jurkus, OD, and Art Epstein, OD

CE COURSE SCHEDULE

8 a.m.	Sign-in and continental breakfast
9 a.m.	Course begins
Noon to 1 p.m.	Lunch
4 p.m.	Course ends

Register online at www.ico.edu or by calling the CE Coordinator at 312-949-7081.

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SUNDAY, NOVEMBER 19, 2006

Alumni Weekend

4 hours regular CE

ICO Campus

No charge for alumni, \$100 for non-alumni

Topics and Speakers:

Strategies for Effective Evaluation and Management of the Geriatric Patient; Primary Eye and Vision Care for the Infant, Alfred Rosenbloom, Jr., OD, and Scott Jens, OD

CE COURSE SCHEDULE

7 a.m.	Sign-in and continental breakfast
8 a.m.	Course begins
Noon	Course ends

Register online at www.ico.edu or call 312-949-7081 or 312-949-7080 for more information.

Sponsored by Alcon

SUNDAY, NOVEMBER 19 – MONDAY, NOVEMBER 20, 2006

12 hours certified CE, 4 hours regular CE

Excalibur Hotel – Las Vegas

\$200 per day

Topics and Speakers:

Technological Advances in Glaucoma Care; Medical Management of Glaucoma; New Developments in Dry Eye Therapy; Contact Lens Update; Understanding the New Medicare Guidelines; Common Oral Medications and their Side Effects; New Pharmaceuticals in Clinical Practice, Michael Chaglasian, OD, Renee Reeder, OD, John McGreal, OD

CE COURSE SCHEDULE

7 a.m.	Sign-in and continental breakfast
8 a.m.	Course begins
Noon to 1 p.m.	Lunch
5 p.m.	Course ends

Limited seating. Registration for this event is accepted by phone only. Please call 312-949-7081 to register or for more information.

Sponsored by Luxottica

Questions may be directed to:

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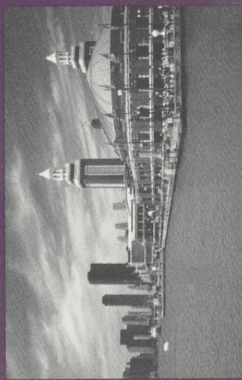
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Student Perspective

ICO students weigh in on the OD/MD dynamic

ogist colleagues for difficult refractions, aniseikonia and low vision care." He notes that although he does treat some patients with glaucoma, optometrists and ophthalmologists alike in his department generally refer patients with glaucoma to a glaucoma specialist even though they all are qualified to diagnose and treat glaucoma.

Russo agrees. "I feel it's an optimal arrangement. I'm part of a team, and I focus on what I'm best at and refer my patients as needed. We (optometrists) treat patients for primary eye care and diagnosis and treatment of general eye disease. When a patient needs surgical tertiary care, we refer them to our league ophthalmologists." With ophthalmologists as an integral part of the same practice, Russo can readily monitor his patients' progress under the ophthalmologist's care.

However, some competition is inherent. Daniel McGehee, OD '88, is part of a private group practice where optometrists and ophthalmologists work side by side. "The majority of eye patients come for routine care and exams," says McGehee. "Both MDs and ODs do routine eye care."

THE BENEFITS TO PATIENTS

All four agreed that collaboration between MDs and ODs supports optimal patient care. When one of Bachman's patients requires surgery, she teams with the ophthalmologist to manage the patient's pre- and post-surgical care. Together, the two doctors can address the patient's full scope of needs relevant to surgery.

Similarly, McGehee manages patients whom he refers for surgery. He says, "When I refer a patient for cataract surgery, blepharoplasty or other surgical interventions, the ophthalmologist will perform the surgery, but then the patient returns to me for ongoing care."



AARON WERNER
SECOND YEAR

It's a multi-faceted debate. Some say MDs [want to restrict] ODs because of money – everybody's fighting for the same piece of the pie. Same with opticians.



BRENT HARBERTS
SECOND YEAR

You always hear the horror stories about MDs who don't think ODs are doctors or have the training to do what we do. But overall, I think the relationship between ODs and MDs is good.



HELEN SUNGULYAN
FOURTH YEAR

Most of the time when we work together, MDs treat us as techs. They don't know we can do more than refraction and contacts.



KELLY SHALLWANI
SECOND YEAR

Medical students don't even know what an OD is.



RYAN AMES
THIRD YEAR

We need all the states to be on the same playing field in terms of scope of practice. Then MDs can know across the board what ODs can do.



SARA BETTERLY
THIRD YEAR

I think optometry should be the primary care provider. We have more experience in diagnosing binocular vision diseases and better education in refraction.



ANDERS HANSSON
THIRD YEAR

ODs and MDs are linked but they're different. We're the gateway; we see people and refer them out. That's our role. MDs have a specialty in hands-on surgery. They don't have the education we have.



ANDREW JOSEPHS
THIRD YEAR

You can't be afraid of losing patients when you refer out, so you need to have working relationships.



MINDI KIEFFER
SECOND YEAR

This is a relationship that needs to be there. We need to support each other, and have respect on both sides. We can help each other in many ways.



GRACE TRAN
SECOND YEAR

What it comes down to is the patient. Everything else should be neutral.

When patients have a choice of doctors for their care, directing that patient to the right doctor in the first place promotes a positive clinical experience. McGehee suggests, "One of the keys to MDs and ODs working together [at the same practice site] is to have a front office [receptionist] that is well informed about each doctor's strengths and weaknesses, so they know how to direct a new patient to the best doctor for that individual's needs."

OVERCOMING OLD STEREOTYPES: THE NEED FOR EDUCATION AND MUTUAL RESPECT

While each of the optometrists we spoke with enjoys a favorable professional relationship with ophthalmologists, each also recognizes the need to raise awareness and gain more respect throughout the profession. "Ophthalmologists come out of medical school without a good understanding of what optometrists have been taught," says McGehee.

Each of the doctors interviewed is involved with teaching ophthalmology residents, and all agreed that these eye doctors of the future represent the best opportunity to build awareness and acceptance.

Bachman, for example, trains ophthalmology residents on general ocular exams, contact lens fittings and low-vision care. She says, "In general, more established ophthalmologists (those who have been in practice longer) are not as understanding about the scope of care that today's optometrists can provide. But, younger ophthalmologists have a better understanding of what optometrists can do, and are letting go of old stereotypes."

Among ophthalmologists who don't work regularly with optometrists, McGehee has observed a general lack of awareness regarding the broadened scope of optometry. Over the past 30 years, the practice has evolved to include diagnosis, treatment, post-operative care, drug prescription, minor surgery and approval by managed care.

Whether MD or OD, both can lapse into stereotypical thinking. McGehee comments, "Both sides too often have biases. Many ophthalmologists think that optometrists don't know how to diagnose and treat eye problems. And, many optometrists think that ophthalmologists don't know how to refract, and don't spend enough time with patients."

Education is essential for changing attitudes. "The best way for optometry to break through that stereotypical attitude is through education," says McGehee.

OUTLOOK FOR THE FUTURE

"My hope is that the MD/OD relationship will continue to become more widespread and more mutually beneficial," says Bachman. "The relationship has really progressed since I graduated [in 1991]. Ultimately, we all focus on the patient's care. That's what it's all about."

McGehee concurs. "Our goal should be helping patients. Patients should not be caught in a tug-of-war between optometrists and ophthalmologists." ♦

About the ICO Alumni We Interviewed

The optometrists interviewed for this article represent academic and private practice settings with adult and pediatric patients. Three teach ophthalmology residents along with their clinical work. Several of these alumni also have taught optometry students through ICO.

Jane Bachman, OD '91. Adjunct clinical faculty at the Eye Institute at the Medical College of Wisconsin and Froedert Hospital, Milwaukee, which sees about 60,000 patients annually. She has also taught at ICO.

William L. Brown, OD '73. Assistant professor of ophthalmology at Mayo Clinic College of Medicine since 2002. He was previously in private practice and has taught at ICO.

Daniel McGehee, OD '88. Private practice at Swagel Wooten Hiatt Eye Center, a combined optometry/ophthalmology practice with three locations in Arizona.

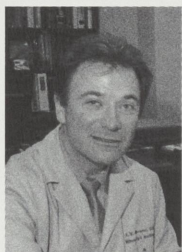
Peter Russo, OD '87. Associate professor of ophthalmology, Loyola University Medical Center in Chicago and nearby Edward Hines Jr. Veterans Administration Hospital.

Michele Walker, MD, (left) works closely with Janice McMahon, OD, in the ACCESS Clinic at the Illinois Eye Institute.

ACCESS and the Illinois Eye Institute launch Healthy Eyes Healthy Body campaign



Eye Care, Primary Care



What does bad vision have to do with diabetes? How does high blood pressure worsen eye problems?

As part of a new "Healthy Eyes Healthy Body" campaign launched by the Illinois Eye Institute (IEI) and ACCESS Community Health Network, ODs and MDs answer these and many more questions to raise public awareness of the significant relationship between routine eye care and primary medical care.

"Optometrists and primary care physicians at the ACCESS medical clinic at IEI routinely detect undiagnosed or inadequately managed medical diseases, such as diabetes and hypertension, through eye examinations," according to Leonard Messner, OD, Vice President for Patient Care Services and IEI's executive director. "Often times, these chronic diseases can be effectively managed if detected early."

Kicking off the public relations campaign in May by designating it as Healthy Eyes Healthy Body month, Michele Walker, MD, ACCESS

primary care physician, and Vince Brandys, OD '90, Director for Professional Relations at IEI, spoke to several civic groups to discuss the importance of good vision care. The Eye Institute and ACCESS are working with the Chicago Park District, Chicago Public Libraries, the American Diabetes Association, the Salvation Army, and Rainbow Push Coalition to schedule more lectures throughout the year.

The campaign targets the African-American and Hispanic-Latino communities because both have a staggering prevalence of diabetes and hypertension, says Messner. The advantages of having the clinic on site include being able to accept patients for medical services regardless of their ability to pay, as well as providing a built-in mechanism for referrals.

Celebrating its first year at IEI, the ACCESS clinic is part of a network of 45 federally qualified health centers serving hundreds of thousands of indigent patients throughout Chicago. It is the largest community healthcare network in the country. ♦

— Ruth Carol

SVOSH

Students travel far and wide
to give eye care

This year ICO students participated in three missions sponsored by SVOSH or Student Volunteers for Optometric Service to Humanity. Here are their stories.

LA LIMA, HONDURAS

Jessica Tran, third year

I had the pleasure to participate in the Honduras Mission Trip from March 3 to 10, 2006 in La Lima. It was such an incredibly heartwarming and rewarding experience.

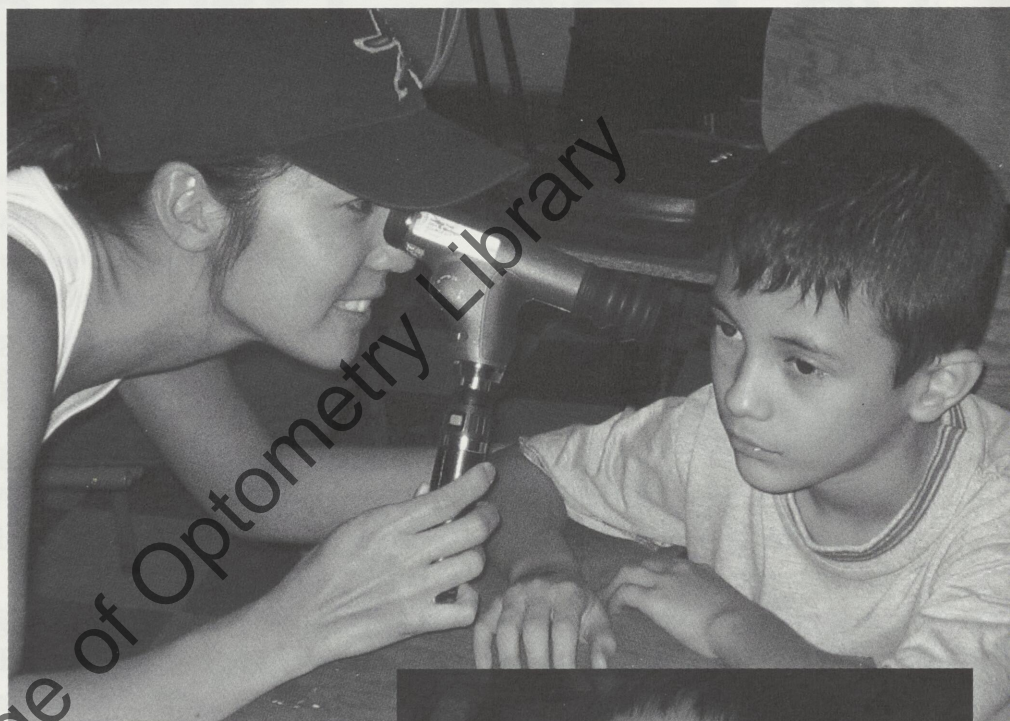
Nineteen of us from ICO were divided into groups that performed different duties each day. These included examination, refraction, dispensing and surgery.

We saw almost 4,000 people in the four days of our mission. It was heartbreaking to witness the overwhelming need for health care in just that area alone.

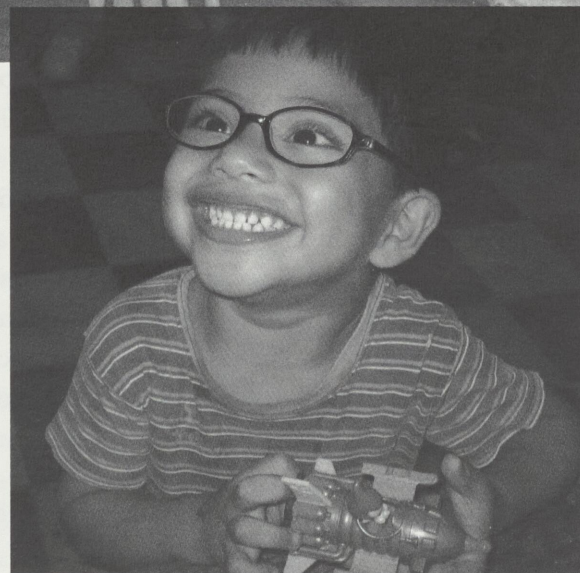
But to be able to help restore and preserve sight, one of God's most precious gifts, to so many Honduran people has certainly inspired me to give more. Do more. Be more. ♦



The ICO SVOSH group in the courtyard of the old school that we converted into screening/examination/refraction/dispensing stations.



I am examining the posterior segment of a child's eye through direct ophthalmoscopy.



New glasses!

MATAGALPA AND ESTELI, NICARAGUA

**Priscilla Ramos, third year
SVOSH ICO President 2005-06**

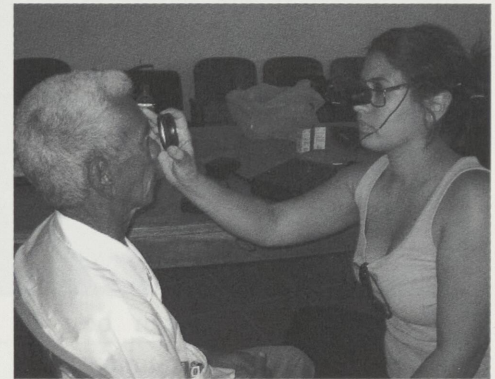
I had the opportunity to spend a week in the wonderful country of Nicaragua, helping provide basic eye care to people in the towns of Matagalpa and Esteli. Thirteen students from ICO joined VOSH-FL doctors and volunteers on the trip from March 18-26, 2006.

What a rewarding experience! Words cannot express the deep satisfaction I felt when a simple pair of glasses made a difference in someone's life. It was heartwarming to see how glasses helped a grandmother thread a needle again, and to see the smiles of children because they could finally see across the room clearly. I also saw firsthand how glasses with patching therapy can train young eyes to work together to make meaning out of their world.

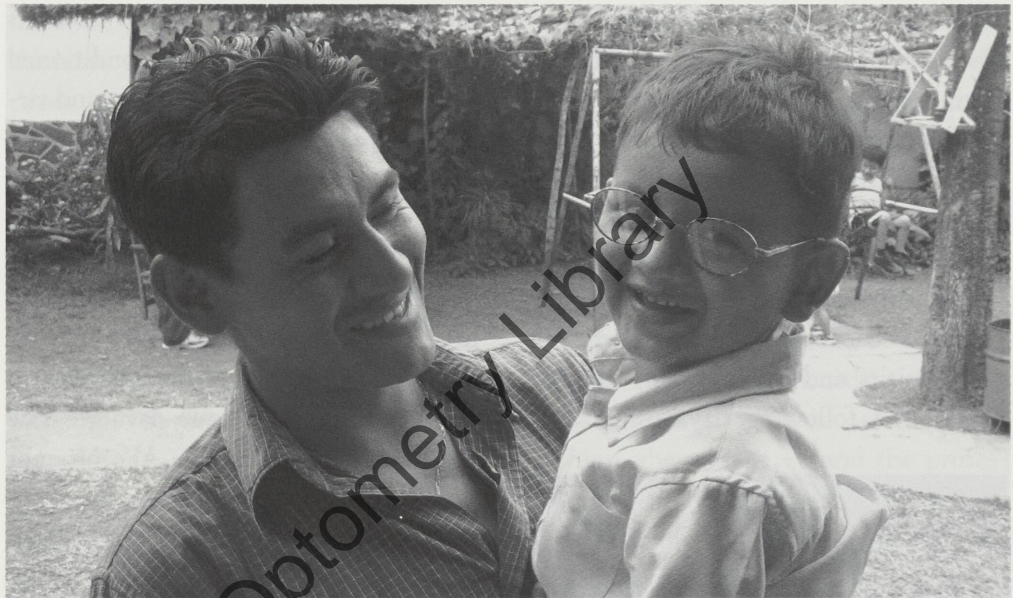
I am so happy to have been able to assist in the treatment of patients who normally cannot afford professional eye care. This is an experience I will cherish forever, and I will never forget. ♦



Our ICO SVOSH group, with Jason Sifrit, OD '04, in the courtyard of the school we use as our clinic site in Matagalpa, Nicaragua. All of us are affiliated with VOSH-Florida.



Priscilla Ramos evaluating the health of the back of the eye after dilation.



A little boy showing off his new glasses with his father in Matagalpa, Nicaragua.

The majority of students say their decision to choose optometry as a career was due to the encouragement of a practicing optometrist.

— ASCO's annual matriculating survey of incoming students

Join other volunteer optometrists who publicize the benefits of optometry as a career to their patients and/or prospective students. As a member of ASCO's Each One Reach One (EORO) Career Promotion Corps, you can make a difference in reversing the decline of optometry applicants. Practitioners' participation is essential to ASCO's career promotion efforts.

For more information on the program, visit ASCO's Web site at http://www.opted.org/career_corps, or contact Victoria Smith-Moore at (301) 231-5944 or vsmithmoore@opted.org.



Eye On Students

JIJIGA, ETHIOPIA

Cerella Wade, third year

My trip to Ethiopia can best be described as a mission of humanity and the many characteristics that encompass this one word. In its purest form, it was filled with laughter, joy, sadness, uncertainty and the mutual understanding of working together for humankind. Each of these enriched my experience beginning the day I first placed my foot on African soil.

Upon arrival in Ethiopia on March 30, 2006 (we stayed until April 4), I was brimming with excitement and curiosity as we were whisked away to the VIP section of the airport. Here, we enjoyed food, spirits and the company of each other. The following days were filled



with a bit of uncertainty because we faced many challenges, including a customs delay, a flat tire, a non-air conditioned bus, luke-warm to cold showers, and virtually no access to any of the common conveniences we have in America.

During this time, the initial mission of the trip began to change. It was no longer a trip to serve humanity. It began to challenge our very own humanity.

However, everyone persevered and over the course of four days we saw more than 2,000 patients. We brought them gifts of hope and joy in the form of vision service to a forgotten Somali refugee community. In return we received friendship, cultural understanding and an unforgettable experience that will last a lifetime. ♦



photos clockwise from top

1. The SVOSH team

2. Waiting in line for eye care in the Somali region of Ethiopia

3. Cataract surgery

4. Cerella with a friend

5. Patients

6. Camel's eye view

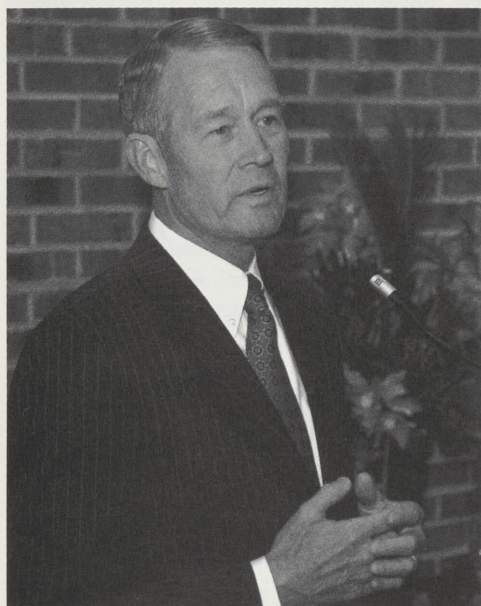
7. Ethiopian landscape

Dr. Walls receives ICO's honorary DOS degree at graduation.



Transitions

Dr. Lesley Walls lays it on the line as 2006 commencement speaker



Every May a new crop of ICO graduates passes across the commencement stage. And every year, to hear the commencement speakers tell it, they are the best-trained class ever to have done so. Paying this compliment is a hallowed graduation tradition — and, given the highly technological nature of the profession, it's always accurate.

"The profession of optometry will not look much like it does now in only a few years," Dr. Lesley Walls told ICO graduates at the May 20 commencement. New technologies and groundbreaking research in fields such as genomics promise unprecedented advancements in optometric care. Part of their commitment to the profession, Walls told the new graduates, must be that they seek and embrace these innovations.

Walls knows a little about the challenges of adapting to change in optometry. As president of the Southern California College of Optometry, he faces the perpetual challenge of making the latest technology available to his students — and somehow making it affordable. He spends a lot of time appealing to donors and cajoling equipment manufacturers to help him meet the institution's needs. The task isn't likely to get easier, he says, since innovation has begun to "change exponentially."

Walls is quick to point out that, although optometrists have done a tremendous job adapting to change, especially with regard to technology, the profession faces challenges of a more troubling nature. New corporate competitors are luring more and more patients (and doctors) from traditional practices, raising all sorts of questions about how the responsibilities of the profession can be squared with the profit motive. Meanwhile, the cost-cutting imperatives of managed care are introducing new levels of scrutiny into optometrists' practice. As a result, Walls warns, "Across the health professions, the doctor/patient relationship is at risk."

In his commencement address, Walls warned new graduates that they should expect to be challenged on many of the standard practices of good optometric care. His advice was to hold firm: "No shortcuts on professional services, no

compromising on ethical standards, and [do] the right thing for the patient every time without fail."

Optometry has advanced a great deal in the four decades since Walls earned his OD. "We're now the internists of the eye," he says. "When I graduated in the '60s, we couldn't write a prescription." (That's one reason why Walls earned an MD in addition to his optometry degree.) Optometrists are at their best when they pick up on eye conditions their patients may not even be aware of. When their role is reduced to checking and correcting vision in assembly-line fashion, the patient — and the profession — suffers. "Any time you commercialize a profession," says Walls, "you run the risk of doing a disservice."

Going forward, optometrists need to maintain their ethics and their commitment to service while embracing new information and new technologies that advance the profession. As an educator, Walls works to instill these values in his students, but he maintains that those already established in the profession need to fulfill their responsibility by taking new graduates under their wing. "They need to instill how important it is to get involved in professional societies, and to protect the interests of the profession," he says. "Professionalism is needed now more than ever." ♦

— Dave Mulcahey

Class Notes

1948

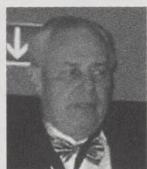
Alfred Rosenbloom, Jr., celebrated his birthday with a surprise party in April.

1954

Richard C. Macaluso of Sun Lakes, Ariz., has retired after 35 years of practice in Fremont, Neb. He was in solo practice for 25 years, and then spent six years as a medical associate in Arizona, having been medically certified to diagnose and prescribe topical medications. Dr. Macaluso reports that his career as an optometrist was very satisfying and rewarding.

1971

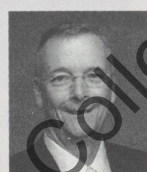
Victor J. Connors has been elected president of the World Council of Optometry, which serves 78 member organizations representing over 250,000 optometrists. A native of Wonewoc, Wis., Dr. Connors started his optometric practice in Middleton in 1971. He has served as president of the American Optometric Association and the Wisconsin Optometric Association and was Wisconsin Optometrist of the Year in 1990. He was instrumental in optometrists gaining the privilege to prescribe medication for the treatment of eye diseases in Wisconsin and other states and in establishing Optometry Giving Sight (www.givingsight.org) in the United States.



1973

Joseph Ruskiewicz has been an associate professor at Pennsylvania College of Optometry since 1975. He is a clinical educator and lecturer in healthcare policy, organization and jurisprudence. His research interests include quality assurance, electronic records and ortho-keratology.

Doug Ball of Hutchinson, Kan., attended the Heart of America Contact Lens Society's annual meeting in Kansas City, Mo., where he was elected Director of Public and Professional Relations. Dr. Ball is a past president of the Kansas Optometric Association. He lives in Hutchinson with his wife Becky and three sons: Danny, Nathan and Michael.



The American Optometric Association has appointed **Gary Lasken** to the State Government Relations Ctr. Exec. Committee.

1978

The American Optometric Association has appointed **Dominick Maino** to the Poster Session Subcommittee.

1979

R. Tracy Williams, chair of the American Optometric Association's Low Vision and Rehabilitation Section and AOA staff, met with officials of the Centers for Medicare & Medicaid Services on Feb. 15 to discuss the CMS's new nationwide outpatient vision rehabilitation services demonstration project. Locations will include New Hampshire, New York City (all five boroughs), Atlanta, North Carolina, Kansas and Washington State.

James F. Faron of Champaign, Ill., continues to practice optometry on a reduced schedule at Carle Clinic in Urbana, Ill. For the past several years he has served the University of Illinois Athletic Department as an optometrist. Among his patients are the highly noted men's basketball team.

The American Optometric Association has appointed **Robert Davis** to the Industry Relations Committee.

1980

Dwight Akerman was married to Anita Keller on Feb. 10, 2006, in Zurich, Switzerland.

1981

The American Optometric Association has appointed **Sandra Block** to the AOA Community Health Center Committee.

Robert M. Hass is currently in private practice with his brother William, OD '76, at the Hass Vision Center in Owosso, Mich. In recent years Hass's son Steve has begun working in the practice. Hass recently wrote a fellow classmate that "ICO has given me everything," and that he considers ICO to be "the finest optometry school in the nation."

Carol Marusich, an international lecturer on the topics of infant and adult vision, was elected president of the Great Western Council of Optometry (GWCO) at the organization's annual conference in Portland, Ore. In private practice in Eugene, Ore. since 1981, Dr. Marusich offers expertise in the treatment of strabismus, amblyopia, central visual processing

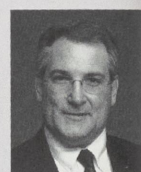
disorders, learning related visual problems and visual dysfunction following stroke or head injury. She holds an adjunct assistant professor position at Oregon's Pacific University. Dr. Marusich is a speaker for the American Optometric Association's InfantSee national public health program and is the recipient of numerous awards for her professional and service work.

1983

Jeff Smith has retired from Luxottica and is working at the For Eyes Corporate Office in Hialeah, Fla.

1985

Scott Tomasino of Iverson-Tomasino Eyecare in O'Fallon, Mo., attended the Heart of America Contact Lens Society annual meeting in Kansas City, Mo., where he was elected to a second two-year term as director of accreditations. Dr. Tomasino is a past president of the St. Louis Optometric Society and holds adjunct faculty positions at the University of Missouri-St. Louis College of Optometry, the University of Montreal College of Optometry, and Southern College of Optometry. He lives in St. Charles, Mo., with his wife Beth and two children: Amy and Daniel.



Michael G. Zost participated in the February 2006 Rehabilitation Institute of Chicago Academy: "Advanced Topics in Low Vision: Reading, Writing and Functional Mobility." Dr. Zost, an associate professor of Optometry at ICO, specializes in pediatrics and geriatrics. At his private practice in Glenview, Ill., he specializes in neuro-optometric rehabilitation and pediatrics. He is also a consulting physician at the Rehabilitation Institute of Chicago. Dr. Zost serves as chairman of the Advisory Council of the Illinois School for the Visually Impaired in Jacksonville, Ill.

1987

Amy L. Walker is chief of optometry services in the Department of Ophthalmology at the University of Wisconsin in Madison. She is also a lieutenant colonel serving as medical group commander in the Illinois Air National Guard's 183rd Fighter Wing at Abraham Lincoln Capital Airport in Springfield, Ill.

1988

The American Optometric Association has appointed **Pamela Lowe** to the InfantSEE Committee.

1991

The American Optometric Association has appointed **Janis Winters** to the Faculty Relations Committee.

1995

The American Optometric Association has appointed **Valerie Kattouf** to the Communications Group Advisory Committee.

Obituaries

1933

Donald O. Emmons, 93, of Ocala, Fla., died on Sept. 23, 2005. A native of St. John, Mich., Emmons moved to Ocala from Cadillac, Mich., 25 years ago. He was a member of First Presbyterian Church in Cadillac and the Cadillac Kiwanis Club. He was a founding member of Countryside Presbyterian Church and served as a former president of the Michigan Optometric Association. He is survived by his wife, Lillie, a son, three daughters, a stepson and stepdaughter, five grandchildren, and seven great-grandchildren.

1937

James "Babe" Gardner, 95, of Chicago, died of natural causes on Feb. 12, 2006, at Mother Theresa Home in Lemont, Ill. For more than 50 years Dr. Gardner practiced optometry in Marquette Park and in Hickory Hills before retiring in the 1990s. He and his wife, Kathryn, were active in their home parish of St. Thomas More. A longtime Chicago South Sider, Dr. Gardner's offices were located in the 6300 block of Western Avenue for some time, but are now in Englewood and Hickory Hills under the helm of Dr. Gardner's son, John. Dr. Gardner served as president of the Illinois Optometric Association and was a past committee chairman of the American Optometric Association. He was named to the St. Rita's High School Alumni Hall of Fame and was inducted in 2005 into the Order of St. Augustine, the highest honor for a non-priest. He was also asked by Illinois legislators to write the state's laws governing optometry. Dr. Gardner is survived by two daughters and two sons, 11 grandchildren, and four great-grandchildren.

1939

Francis T. Clement of Green Bay, Wis., died April 16, 2003, at the age of 87.

2000

Joe DiPasqua and his wife, Jana, of Greenville, S.C., proudly announce the arrival of their daughter, Sofia Adeline DiPasqua, on Oct. 23, 2005.

2001

The American Optometric Association has appointed **Geoffrey Goodfellow** to the Student and New Graduate Committee.

2002

Carrie Sypherd and her husband, Matt, recently served as a host family to two Finnish youth who came to Bartlett, Ill., as part of the Lions Youth Exchange Program. The Sypherds introduced Anne and Sivi to 20 local teens, and since that time the girls have been swimming, horseback riding, roller-skating, jogging and shopping like Bartlett natives.

1940

Paul Courtright Whyte, Sr., of Oshkosh, Wis., died Nov. 7, 2004, at the age of 90. His wife and son preceded him in death within two weeks before he passed away. He was a member of the Wisconsin Natural Foods Associates and the T/L Fund, and in his retirement devoted many years promoting the value of natural and organic food and many interrelated health practices. He authored *A 21st Century Philosophical Handbook for Living* and various WNFA publications. Dr. Whyte helped organize the Trautmann-Lee Natural Foods Fund in 1963, of which he was the first executive director. He held that position until 1999. Dr. Whyte served as president of Wisconsin NFA from 1988 to 1997.

1942

William F. Akers died May 19, 2003.

1947

Richard A. Wilcox died Oct. 19, 2005.

1948

Edward W. Kozzol died Nov. 29, 2005.

1949

Hilton Altenbach died June 9, 2005.

Paul Edgar Cannon died Dec. 30, 2005. Born in 1925, he served in the U.S. Army during World War II. He married his wife, Esther, in 1958 and practiced optometry in Phoenix, Ariz., for 42 years.

Lester C. Hoblitzell has passed away.

Jack Morof died Oct. 25, 2005.

G. Rene Hall died Aug. 9, 2005, in Bradenton, Fla., at the age of 85. He retired to Bradenton in 1986 after practicing optometry for 37 years in Michigan. He served on the staff of the Henry Ford Hospital in West Bloomfield,

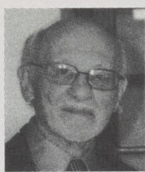
Mich. during the last three years of his practice. Dr. Hall was a lifetime member of the American Optometric Association, the American Academy of Optometry, and the First Baptist Church of Bradenton. His first wife, Iola Hall, pre-deceased him in 2002 after 61 years of marriage. He subsequently married Donna Wray Baldwin, who died in October of 2003, and in January 2004, Dr. Hall married Phyllis Glover Servis. During World War II, Dr. Hall served as pilot in the Royal Canadian Air Force. He is survived by three children, five grandchildren, four great-grandsons, three stepdaughters, two brothers and two sisters.

Charles Coniaris, of Springfield, N.J., died July 16, 2005. He served in the Air Force during World War II and was a former commander of the American Legion Post 440. He was a life-long member of the American Hellenic Educational Progressive Association and was a past member of the board of trustees of St. Nicholas Greek Orthodox Church in Newark, N.J. Dr. Coniaris is survived by his wife, Betty, and his children.

Harold H. Mills died peacefully in his sleep on March 10, 2005. He served his profession and community of Elizabethton, Tenn., for more than 51 years. He practiced for more than 23 of those years with his son, David H. Mills.

Arthur Irvin Hyer of Delaware, Ohio, died March 7, 2004, at the age of 92. After more than 41 years of practice, he retired in 1992. Dr. Hyer served in the 37th Division Signal Corps in the South Pacific during World War II. In 1948 he married Ellen Wilson of Evanston, Ill. The couple moved to Delaware after Dr. Hyer's graduation. He was commander of the local American Legion post and served as chaplain of Hiram Masonic Lodge for more than 25 years. His wife followed him in death in April of 2004. They are survived by two sons, a daughter and six grandchildren.

Edward Osran, 85, died Nov. 25, 2005. A native of Pittsburgh, Pa., he was a 53-year resident of Freeport, Ill., and lived most recently in Evanston, Ill. Dr. Osran spent 42 years in practice in northwest Illinois. He was an Army Air Corps veteran of World War II, a member of Freeport B'nai B'rith and Freeport Lions Club, and was a past chairman of the March of Dimes. He received the Lions Club International Foundation Melvin Jones Fellowship at the Illinois Optometric Association Award for 50 years of loyalty and faithful service. As a member of the Volunteer Optometric Service to Humanity (VOSH), Dr. Osran traveled to Mexico and Costa Rica to examine and provide eyeglasses to people in need. Costa Rican President Oscar Arias thanked Dr. Osran in person for his service.



Hugh Inman Faulkner died June 9, 2005, in Cedar Park, Texas, at the age of 84. He served in World War II and practiced optometry in Alvin, Texas, for 44 years. Dr. Faulkner was a life member of the Texas Optometry Association and the American Optometric Association. He is survived by his wife of 45 years, Betty, a daughter and two grandsons.

1953

Neil E. Kelley, 88, formerly of Reading, Pa., died March 26, 2005. He practiced optometry

in Milford, N.H. for 27 years before retiring in 1981. He was a past member of the Milford Rotary Club and was affiliated with the Milford Lions Club. Dr. Kelley was an Army veteran of World War II, having served as a first sergeant in Tunisia, North Africa.

1956

Roger A. Yarwood died May 2, 2005, of cardiovascular disease while vacationing in North Carolina. He had just attended his 55th high school reunion. Born in Radburn, N.J., Dr. Yarwood grew up in Niagara Falls, N.Y. After serving in the United States Army, he attended ICO, then practiced for 47 years in the Denver metropolitan area. He was a past president of the Colorado Optometric Association, a lifetime member and past president of the Aurora Rotary Club, and a Paul Harris Fellow.

1959

Angelo B. DeRubeis, 75, of Commerce Township, Mich., died Nov. 25, 2005. A life member of the Michigan Optometric Association, Dr. DeRubeis practiced in River Rouge before moving his practice to Milford, Mich. He is survived by his wife, Betty, eight children and 15 grandchildren.

1960

Richard F. Hickman, 73, died June 8, 2005, in Omaha, Neb. A native of Ohio, he attended

Sheldon Junior College and Westmar College in LeMars. After serving in the United States Air Force during the Korean war, Dr. Hickman married his wife, Beth. He attended Southwest Missouri State before attending ICO. Upon graduation, Dr. Hickman returned to Sheldon to join the practice of Drs. John Brady and Frederick Kushner, NICO '46. He retired in 1988. Dr. Hickman and his wife enjoyed retirement in Sheldon and wintering in Texas. He was a member of the United Methodist Church and served on the Sheldon City Council. He was a past president of the Lions Club and of the Sheldon SCDC, and was also a member of the ICO Alumni Association and the Iowa Optometric Association. In addition, Dr. Hickman volunteered at a clinic for children in Mexico. He is survived by his wife, a daughter, two sons and nine grandchildren.

1963

William F. Harrison of Tampa, Fla., died Jan. 8, 2006 from complications of Parkinson's disease. He practiced optometry for 33 years, and would have been 80 on Jan. 30, 2006. If you would like more information about Dr. Harrison, please call Mrs. Harrison at (813) 634-5089.

Eye on Giving



Dr. Donovan Crouch Alumni Council Leadership Circle Challenge

Dr. Donovan L. Crouch, ICO '63, is looking for leaders. New members of the ICO Leadership Circle, that is. A founding member himself, Dr. Crouch will match contributions to enable new members to join this premiere giving society.

Why? Because Dr. Crouch is determined to help lead the Illinois College of Optometry into the future. He has been an active member of the Alumni Council for six years, serving as its president for two terms and as Council Representative to the Board of Trustees since 2002.

Now Dr. Crouch has pledged \$50,000

to launch the Leadership Circle Challenge. He hopes to recruit 67 new members to the Leadership Circle, generating \$200,750 in total contributions to the College.

"I would like to personally invite you to join me in ICO's Leadership Circle," Dr. Crouch says. "We are actively shaping the future of the Illinois College of Optometry, and I am very proud of what we have accomplished thus far. Please help me and other members of the Circle meet the challenge of ensuring ICO's place as our country's preeminent college of optometry."

How the Crouch Alumni Council Leadership Circle Challenge works:

- Individual donors make a three year, \$2,250 pledge to the Illinois College of Optometry.
- **Year 1:** Your \$500 pledge payment is matched by Dr. Crouch to become \$1,000. This amount establishes membership in the Leadership Circle.
- **Year 2:** Your \$750 pledge payment is matched by \$250 to become \$1,000.
- **Year 3:** Your \$1,000 individual payment fulfills your pledge.

For more information, contact Dr. Donovan Crouch, (712) 732-3233 or dlc@slvisioncare.com.

The Leadership Circle recognizes our most generous benefactors - those individuals who support ICO with annual gifts of \$1,000 or more. This list reflects giving from June 1, 2005 - June 30, 2006.

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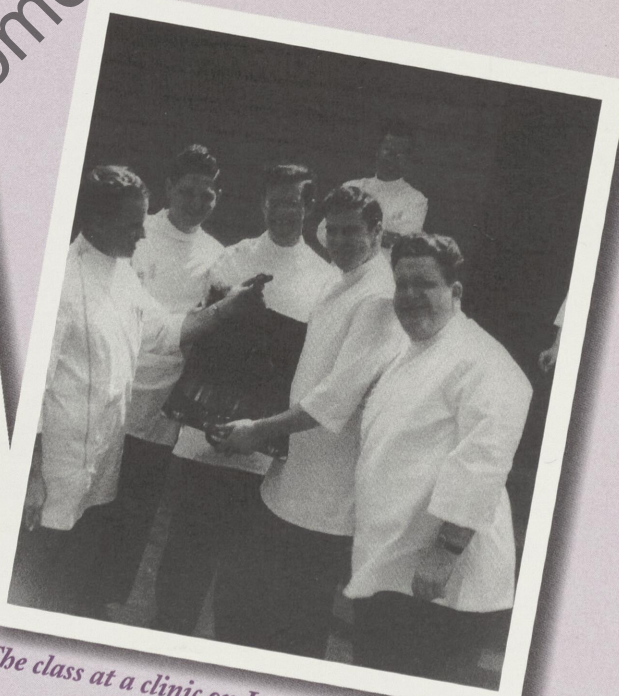
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Nostalgia from the Class of 1949



*Optometric meeting 1948. "IDs not available,
but yours truly next to the professor, left."*



The class at a clinic on Larrabee St.

Thank you Dr. Leonard Drucker for sharing your pictures with us!

ICO *Matters*

Magazine of the Illinois College of Optometry
and the Illinois Eye Institute

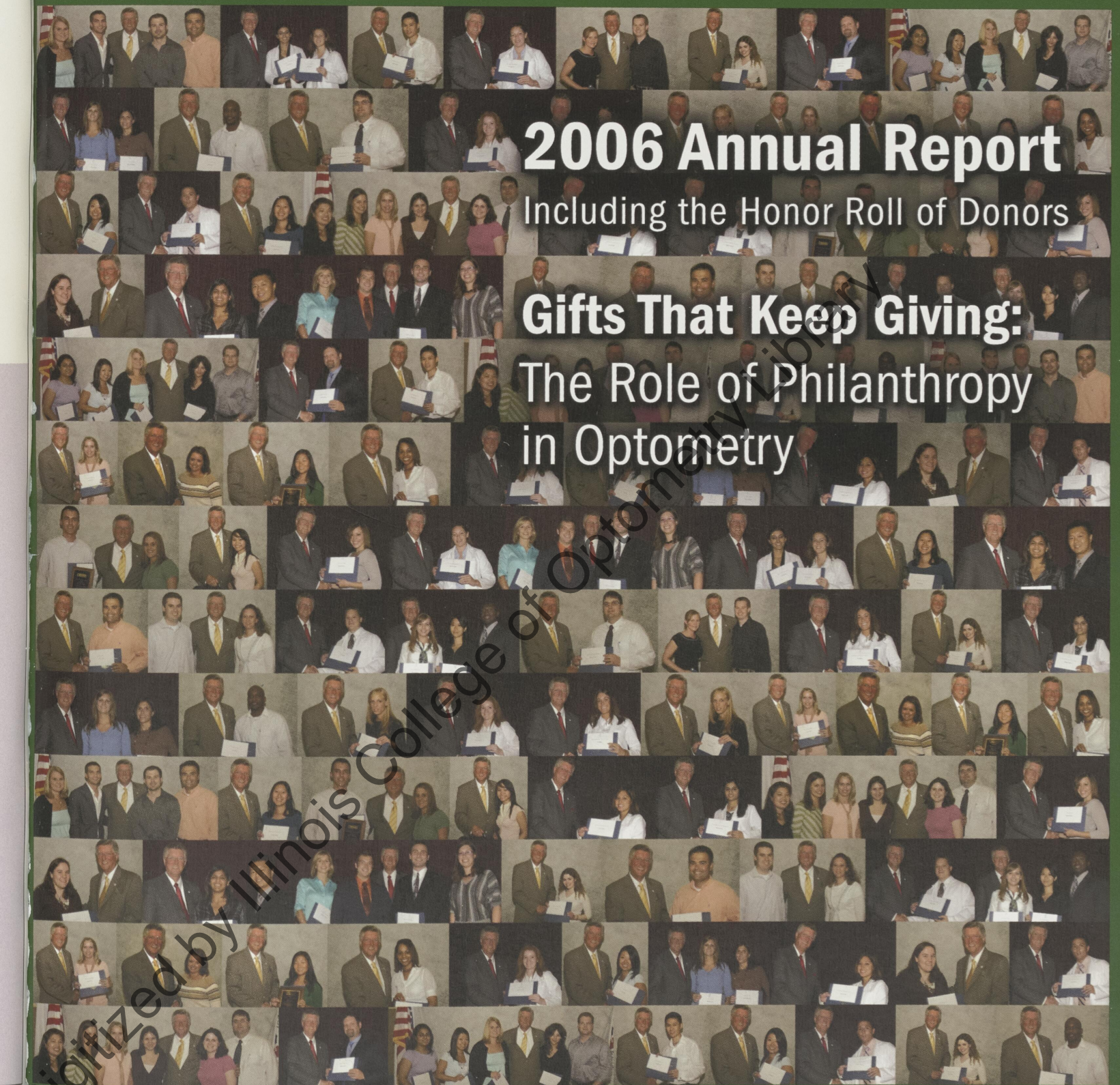
Volume 5 / Issue 3 / Fall 2006

2006 Annual Report

Including the Honor Roll of Donors

Gifts That Keep Giving:

The Role of Philanthropy
in Optometry



Illinois College of Optometry

Alumni Weekend

November 17-19, 2006

We had a great time!
Look for event coverage
in the next issue of
ICO Matters.

Featuring Olympic Champion Bruce Jenner



FRIDAY, NOVEMBER 17

Sponsored in part by USI Optometric.

- 6:30 - 8:00 pm** **Class Reunion Reception – complimentary**
(featuring the Northern Monroe Chicago Society, 1946, 1951, 1956, 1961, 1966, 1971, 1976, 1981, 1986, 1991, 1996, 2001)
Toledo Room - InterContinental Chicago
- 8:00 - 10:00 pm** **Class Reunion Dinner – \$60.00 per person**
Renaissance Room – InterContinental Chicago
- 10:00 pm - 12:00 am** **Alumni Hospitality Suite – complimentary**
Living Room – InterContinental Chicago

SUNDAY, NOVEMBER 19

Sponsored by Alcon Laboratories.

Each program today is complimentary.

- 7:00 - 8:00 am** **Continental Breakfast and Sign-In**
Lecture Center, ICO Campus
- 8:00 - 9:40 am** **Strategies for Effective Treatment and Management of the Geriatric Patient**
Alfred A. Rosenbloom, Jr, OD, DOS, FAAO
- 10:00 - 11:40 am** **Primary Eye and Vision Care for the Infant**
Scott Jens, OD, FAAO
- 11:40 am - 12:30 pm** **Campus Tours**

*CE is \$100 for non-alumni.

SATURDAY, NOVEMBER 18

Each event today is complimentary.

Shuttle service is available to and from hotel and campus.

- 8:00 - 10:00 am** **50 Year Club Breakfast (by invitation only)**
Valencia Room – InterContinental Chicago
- 11:30 am - 1:00 pm** **Legacy Society and Major Benefactors Luncheon (by invitation only)**
Valencia Room – InterContinental Chicago
- 3:00 - 5:00 pm** **Student/Alumni Reception with Exhibitors, Campus Tours, Raffle Prizes**
Gymnasium – ICO Campus
- 5:00 - 7:00 pm** **Alumni Awards Presentation Featuring Keynote Speaker Bruce Jenner**
Lecture Center, Room 1200 – ICO Campus
- 7:00 - 8:00 pm** **Leadership Circle Reception with Keynote Speaker**
Carl F. Shepard Library – ICO Campus
(by invitation only)



For more information, contact Connie Scavuzzo,
Director of Alumni Relations and Continuing
Education, at 312-949-7080 or cscavuzzo@ico.edu.

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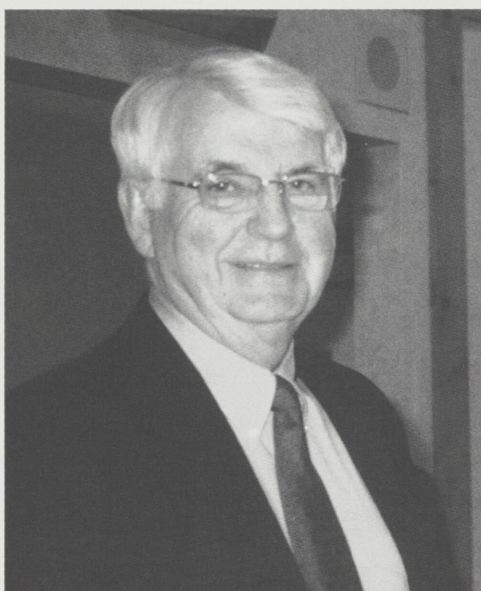
Front cover: A mosaic of ICO spring and fall 2006 scholarship recipients

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A Word from Dr. Butler

Chairman of the Board of Trustees

Dear Alumni and Friends,

The main focus of this issue of *ICO Matters* is philanthropy. Webster's dictionary defines philanthropy as "the effort or inclination to increase the well-being of mankind, as by charitable aid or donations."

How each of us defines philanthropy in our lives is a very personal decision. This decision certainly is influenced as our lifestyles and responsibilities change.

All ICO graduates recite The Optometric Oath at Commencement. They promise to uphold and honorably promote by example and action the highest standards, ethics and ideals of their chosen profession, and to honor the degree, Doctor of Optometry, which they have just earned.

They also promise to work to further the well being of humankind. "I will do my utmost to serve my community, my country and humankind as a citizen as well as an optometrist."

New graduates have many diverse and challenging responsibilities: finding employment; opening a practice; beginning married life; raising a family; paying off student loans. At this time, perhaps charity begins at home.

However, the longer we practice optometry the more we realize what our profession means to our patients and to our communities. As optometrists, we contribute to the well being of humankind by improving the visual health of our patients.

As our careers progress, we are also able to reach out to the institutions and agencies that give meaning to our lives. In all probability, we have developed a philanthropic attitude by our charitable donations. We can and do support religious institutions, schools, local charities, national charities and political

parties. Again, we all make personal choices in these areas.

If your profession means as much to you as my profession means to me, you are a financial supporter of the Illinois College of Optometry—the institution where you obtained your education and training. Optometry has surely opened as many doors for you as it has for me.

Therefore, ICO is on the top of my list of philanthropies. I hope you also think of Illinois College of Optometry when you define philanthropy in your life.

James R. Butler O.D.

James R. Butler, OD '59

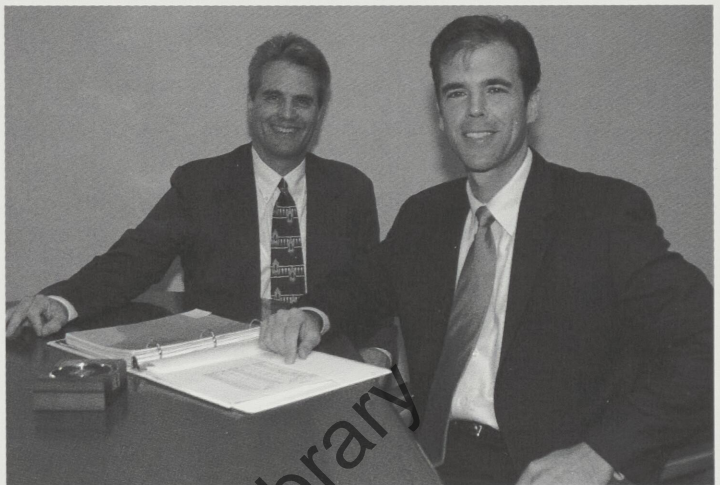


A Message from the President

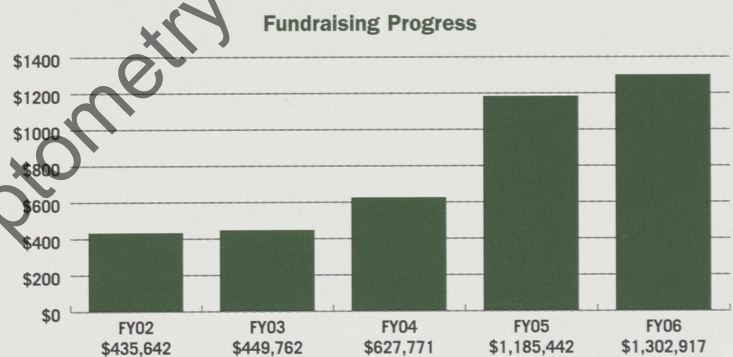
I like being the President of an institution where many of my key faculty and staff are regularly contacted by recruiters from other institutions. It is a real testament to the credibility and confidence others see in our people at the Illinois College of Optometry. While most of these recruiters are unable to entice our faculty and staff to leave ICO, an institution they have helped build, this summer we lost Anthony D'Andrea, our Vice President for Institutional Advancement. Many of you got to know Anthony over the five years he was with ICO. We all wish him well in his new senior level development position at Northern Illinois University.

While Anthony would be the first to remind us all that development is a team effort, the growth and success of fundraising at ICO during his service was remarkable. More than \$4 million has been raised, and the growth curve is clearly in an encouraging direction (see graph). These dollars have helped ICO update its Eyewear Center, add scholarships for students, support its charitable services program for the working poor, add elective small business management modules for interested students and update our facilities and instrumentation in the Illinois Eye Institute. I thank you, loyal alumni and friends of ICO, who have made these fundraising efforts increasingly successful.

Change is always opportunity. In the case of ICO fundraising, we have restructured our Office of Development, and I am pleased to announce that David Korajczyk has been appointed Vice President for Development. David's grant writing abilities, his credibility with foundations and his tireless work with many collaborators resulted in the funding of a prestigious Robert Wood Johnson Foundation (RWJF) Local Initiative Funding Partners grant which continues to help ICO and the Illinois Eye Institute provide eye and health care to our community's people in need. The RWJF award represents a landmark grant to an optometric institution and is largely a credit to David Korajczyk's diligence.



Anthony D'Andrea (right) hands the baton to David Korajczyk.



David and I look forward to working with you and will be continuing to ask for your increasing support as you have graciously and generously contributed during the last five years. Thank you.

Arol Augsburg, OD
President

Visionary Support

Gifts keep on giving to optometry

An NIH grant of \$1 million becomes worth \$9 million when others chip in. A bequest of half a million dollars doubles over time when placed in an endowment. A gracious patient establishes a rehabilitation center to help others.

These are the outcomes of philanthropy in health care. It plays a critical role, from supporting education and research, to expanding technology and resources, to providing care for those who cannot afford to pay. And "giving" occurs in opposite yet complementary directions: giving in (to the profession) and giving out (to patient care).

Because so many people and organizations have both donated and benefited from gifts to optometry, we thought an overview of philanthropy within the profession could serve as an expression of gratitude as well as a point of inspiration to the gift-giving inclined. Read on to learn how broad the opportunities are and how significant gifts can be.

PHILANTHROPY TO THE PROFESSION

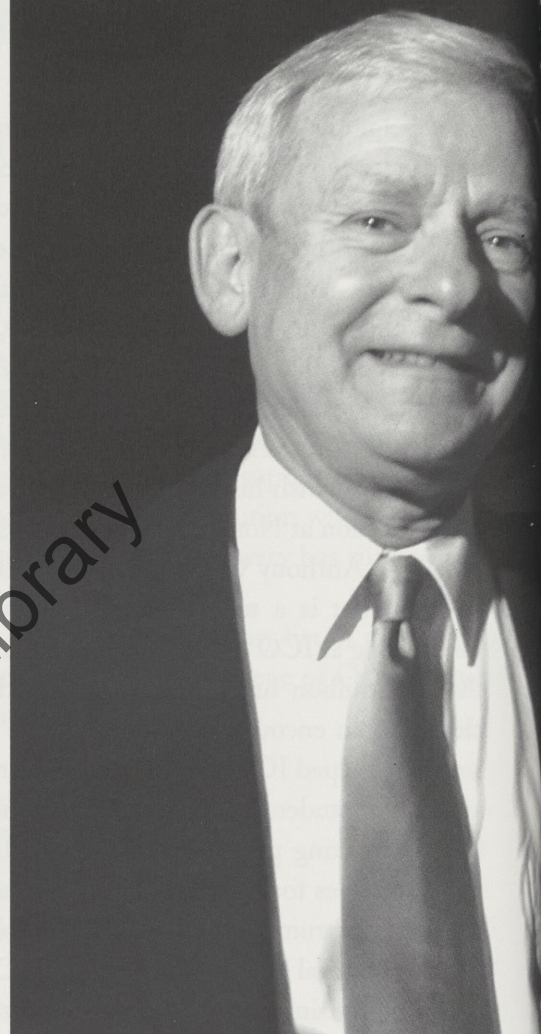
In optometry, as in most fundraising, "there is a pyramid effect," says Arol Augsburger, OD, President of the Illinois College of Optometry. "There are always many more smaller gifts at the bottom and fewer large gifts at the top. Yet, every gift is important to the practice of optometry and to our future."

Generally, philanthropy is thought of as giving to an organization. In optome-

try, that can mean monetary gifts that support education, research, facilities and capital improvements. Gifts may be directed toward optometry colleges, students, faculty or practitioners, and they arrive from many sources, including alumni, students, optometry professionals, corporations and foundations. They also come in multiple ways, from annual giving to long-term endowed funds, to one-time major gifts, to gifts-in-kind or non-cash donations of materials or long-

lived assets. No matter what, gifts are welcomed in all sizes, from an optometry student's gift of a few hundred dollars, to an alumnus' gift of \$800,000.

Funding from sources such as ICO's Leadership Circle supports many of the "extras" that are beyond the College's budget. These gifts of \$1,000 to \$10,000 or more per year support initiatives such as the unrestricted Annual Fund, special activities within the College and scholarships for optometry students. Indeed,

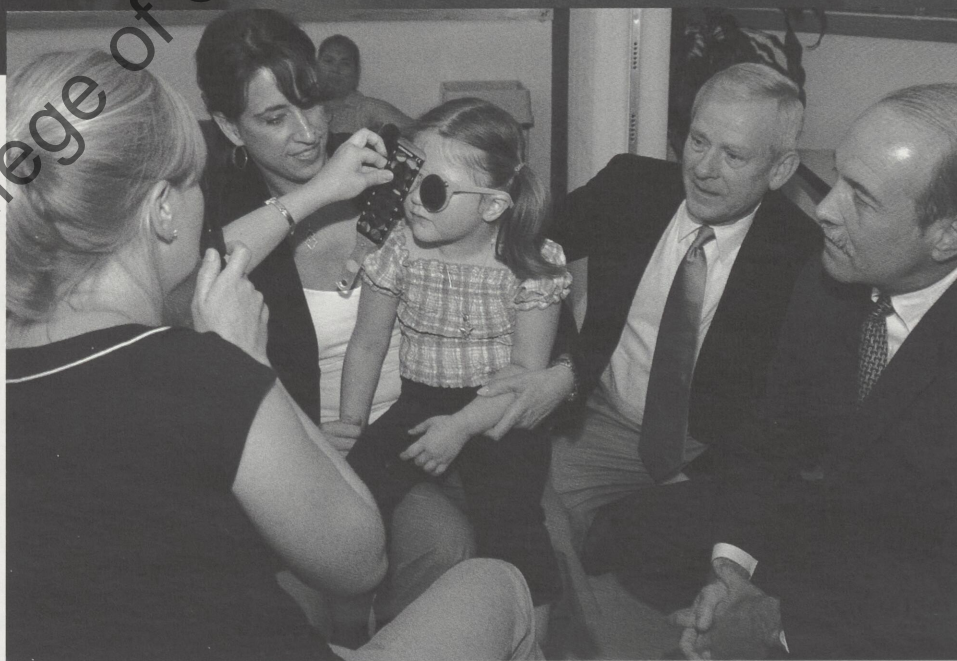


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VSP LECTURE HALL

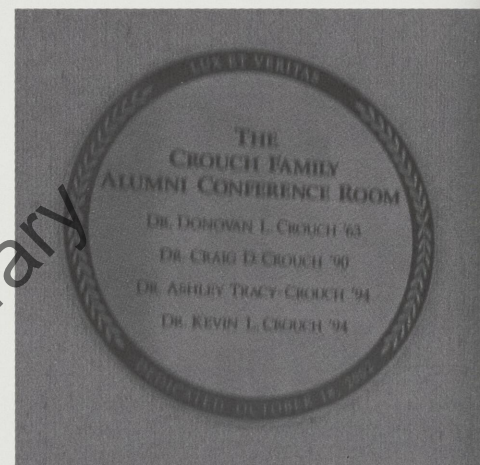
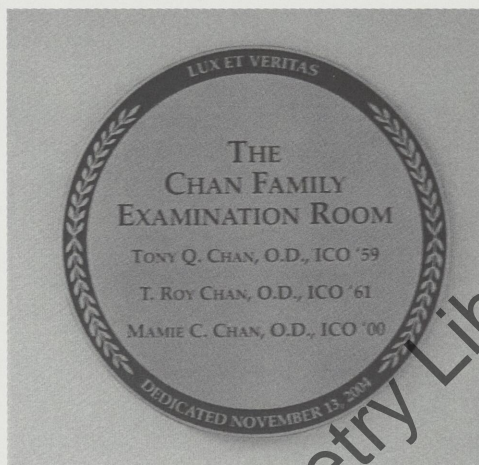
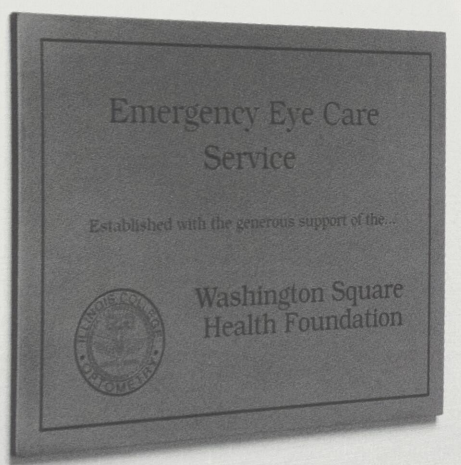


Above, from left: Jim Short and Rob Lynch of VSP with ICO Trustee Martin Sikorski, OD '66, at the dedication of the VSP Lecture Hall in spring 2006. Right: VSP gave \$200,000 to support ICO's Pediatric Outreach Program.



Cover Story

Support from donors helps the Illinois Eye Institute remain state-of-the-art.



much of the funding raised is directed toward education — either via direct student scholarships or support of College activities and resources. This area of philanthropy not only benefits institutions such as ICO, it's "an investment for the future," says Augsburger.

Endowed funds are structured with a minimum of \$10,000. "These funds help us recruit the very best students to ICO by minimizing the students' cost of schooling," says Augsburger. Endowments assure funding into perpetuity because interest earnings are spent without tapping into the principal balance.

Major gifts are another source of funding. "Major gifts often can be transforming for an institution," says Augsburger. Last year, a major gift to

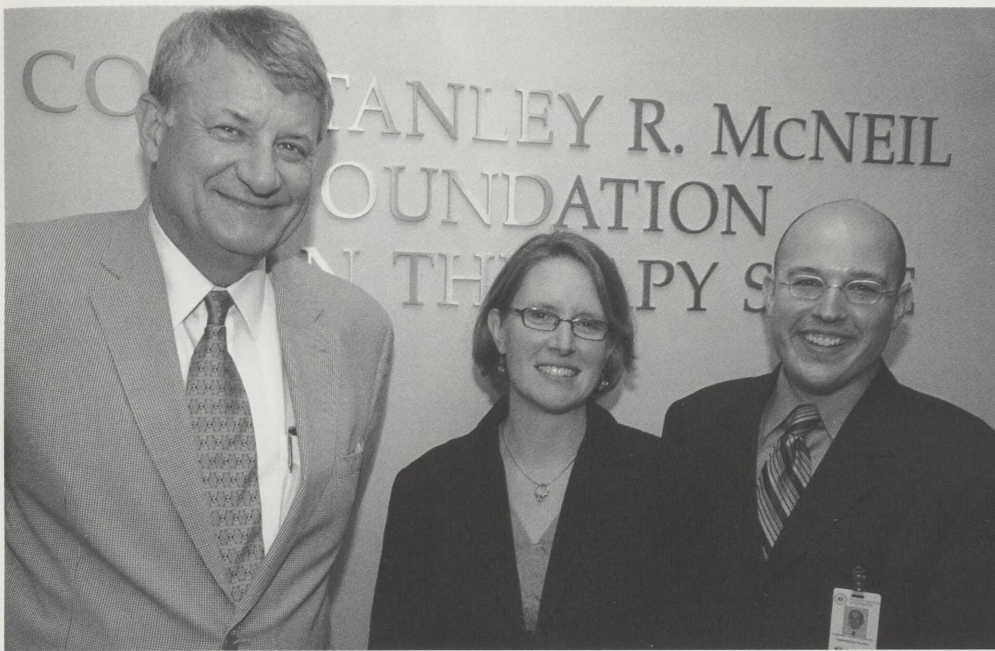
ICO from Robert Fait, OD '68, made possible the creation of the Fait Family Eyewear Center in the Illinois Eye Institute. Fait's gift honored his father, Lawrence Edward Fait, NICO '47. Other gifts may underwrite capital improvements such as new instrumentation, which comes with a price tag of \$20,000 per exam room.

Over the past five years, the Illinois College of Optometry has seen its annual fundraising grow from about \$400,000 in 2001 to more than \$1.3 million for fiscal year 2006 (see President's letter). That puts ICO near the top for fundraising among the five independent optometry colleges in the United States, whose annual fundraising for 2005/06 ranged from \$200,000

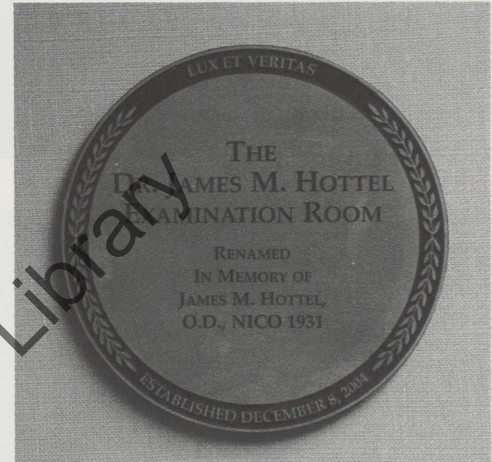
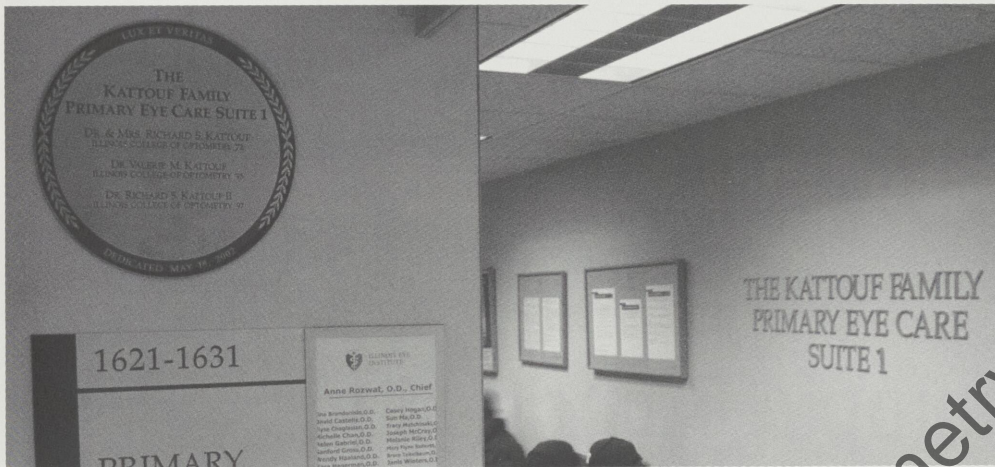
to \$1.8 million. It's a fitting position for the nation's oldest and largest dedicated optometry school.

Part of ICO's fundraising success is due to alumni participation in annual giving, which increased 60 percent from fiscal 2002 to fiscal 2006. Last year, 7.5 percent of alumni contributed to the Annual Fund, with gifts reaching just over \$150,000 (see p. 20 for class participation rates).

Another boost came from a \$500,000 matching grant from the Robert Wood Johnson Foundation. "RWJF typically focuses on general health care, not vision," explains Augsburger. "It was groundbreaking for an optometry college to receive a grant like this, and a huge credit to ICO to be considered by such a



Charles Slamar and Kristin Carlson Vogen of the McNeil Foundation join Geoffrey Goodfellow, OD '01, at the dedication of the McNeil Foundation Vision Therapy Suite.



major foundation." ICO competed with a pool of nearly 300 applicants for 17 grants. The ICO award was the only RWJF Local Initiative grant made in Illinois, or to a school of optometry in 2005.

Spread over four years, the RWJF grant is combined with \$500,000 in matching contributions from local industry and individual donors, led by the Washington Square Health Foundation in Chicago. Funding supports ICO's Vision of Hope Health Alliance to provide vision care for the uninsured, often the working poor, and by so doing offers entry into the healthcare system for individuals who may have untreated or uncontrolled health conditions, such as high blood pressure and diabetes.

Corporate gifts also play a significant

philanthropic role. Many of these gifts are directed toward patient care. For example, Essilor of America is donating 9,000 pairs of eyeglasses over the next three years for patients at ICO. And VSP's gift of \$200,000 underwrites ICO's Pediatric Outreach Program, serving early intervention programs around Chicago.

"OUTWARD" GIVING

Throughout the profession, philanthropy supports many initiatives that benefit patients, communities, students and practitioners. Debra Fox, Deputy Director of the American Optometric Association's Foundation for Science, Education and Charity, notes that many physician members donate their time and service by providing uncompensated eye and vision care

for the uninsured, children, elderly or others in need, through programs such as the AOA's VISION USA. Another AOA initiative, the Disaster Relief Fund, collects monetary and in-kind donations (supplies) from optometrists and industry sponsors to aid other optometrists. "The Disaster Relief Fund is a way for optometrists to help other optometrists get back on their feet after their practice is significantly destroyed by a disaster, such as Hurricane Katrina," says Fox.

Additionally, AOA endowment funds provide scholarships to optometry students and professional providers. These gifts often are made in memory of past AOA members.

At the American Academy of

continued on page 11



Listen to This: Unusual Philanthropic Contributions

In thinking about philanthropy, we wondered about the more unusual, creative, surprising or spectacular gifts that have been made within the profession of optometry. Here's some of what we found.

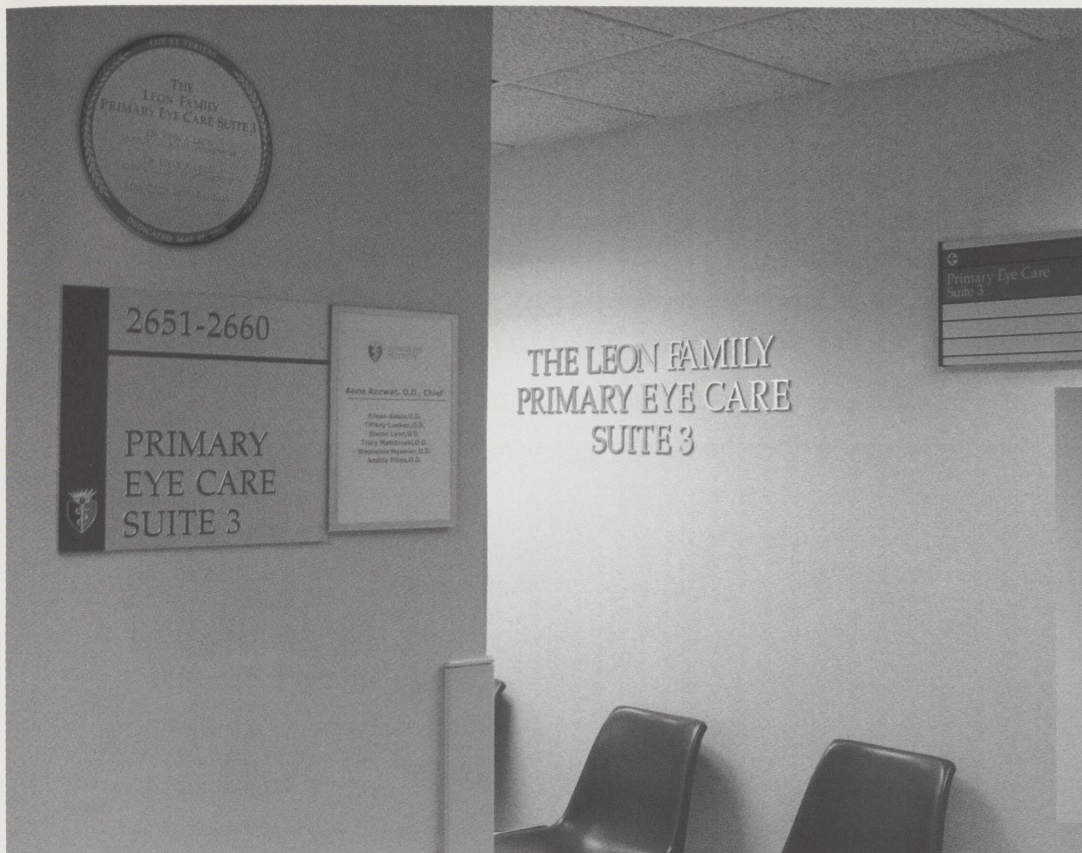
A VALUABLE PIECE OF DESERT

How does a gift valued at \$200,000 increase to an endowment worth \$3.2 million? With patience, timing and prudent financial stewardship. In 1975-76, Southern California College of Optometry (SCCO) received a gift of 40 gross acres of land from a patient of SCCO alumnus, Cindy S. Sun, OD. The property, located in the California high-desert town of Lancaster, was valued at \$300,000 with a \$100,000 mortgage, and zoned for moderate and high-density residential housing. At that time, the property was on the outskirts of town. Entitlement changes, the establishment of a Limited Partnership and good timing all worked in favor of the college. What was once undeveloped land on the outskirts of town has become a major commercial site, with a national retailer and several pads and parcels sold or leased. SCCO

placed all income from the sale of property into an endowment. In the end, the donor won by giving the college an encumbered piece of property, which allowed him to get out from under a \$100,000 mortgage and receive a sizeable tax deduction. The college won by establishing an endowment that will continue in perpetuity.

And that's not all. That same year, SCCO received a second gift of 40 acres of land from Sun's patient. This property, located in nearby Sun City, later became incorporated into the community of Menifee. By 2002, the Menifee property — just a piece of raw land — was appraised for \$1 million. SCCO's Board of Trustees gave Dr. Les Walls, the College's president, the option to leverage the property for greater gain.

A host of developers offered to buy the property and, after months of opportunistic bargaining, one agreed to become a partner. The deal was that the partners were to share in the proceeds from an eventual sale once the property was entitled — zoned and cleared for development. SCCO would receive the first million dollars from the sale with the remainder to be split 50-50. In addition, the college's partner agreed to pay all



(opposite page) ICO's Donor Wall glitters.

(this page) Philanthropy benefits the entire enterprise, from didactic education to clinical services.

ADAMS
CENTER
FOR
CLINICAL
LEARNING

costs associated with zoning, which turned out to be more than \$500,000.

Within 18 months, the Meniffee property was sold for \$6 million with the net to the College totaling \$1 million, plus 50 percent of the balance — or a whopping \$3.5 million for a piece of bare land in the Inland Empire of Southern California.

ART FOR EDUCATION

In 2003, the Estate of Joseph Schwarz gave \$800,000 from an auction at Sotheby's of Schwartz's collection of American art. The gift established a cultural and education center at SUNY State College of Optometry to be used by the college and the community.

A NEW HOME IN MEXICO

The Mexican government granted Indiana University School of Optometry a \$1 million facility in Mexico for its Centro de Rehabilitacion Visual. The school moved into its new home in July of 2006. The clinic had served the local population in Guanajuato since 2000, offering vision care and services at little or no cost.

A GIFT THAT KEEPS ON GIVING

Boston's New England College of Optometry (NECO) was able to create The Beider Moral Obligation Scholarship thanks to a generous gift from Dr. Warren and Stella Beider.

This endowed scholarship includes a clause asking recipients to pay back the grant after graduation, making it more of a revolving loan fund. The scholarship was funded in the mid-1990s through a gift vehicle known as a charitable remainder trust. NECO awards approximately 10 scholarships annually in the \$2,500 to \$3,000 range from the endowment earnings. The school reports a high success rate for alumni "repaying" their grants.

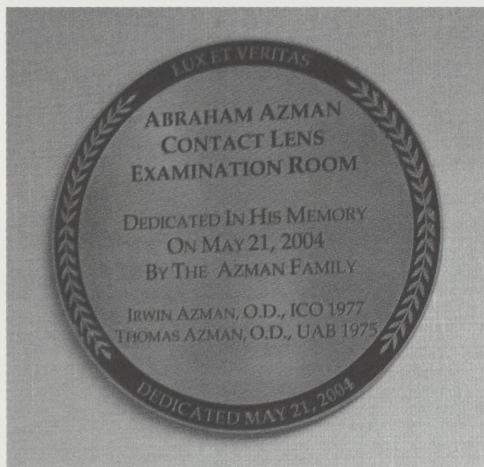
A TRANSFORMATIONAL BEQUEST

In 1973, Dr. Paul Worrell died and left half of his estate to the University of Alabama School of Optometry (UAB) as a Charitable Remainder Annuity Trust with partial income going to his widow until her death and the remainder of the income going back into the trust. UAB was able to use that trust as collateral (the university loaned the college the money, which has now been paid back) to buy a building in the early 1980s and renovate it for basic science researchers. The amount of research conducted over the years in the building is enormous. The building was named for Dr. Worrell in 1985. Upon the death of his widow — she is 102 — the school will receive the trust, which is currently valued at close to \$2 million. ♦

— Susan Soric

Cover Story

Irwin Azman, OD '77, and his brother, Thomas Azman, OD UAB '75, dedicated a new examination room to their father.



continued from page 8

Optometry, the American Optometric Foundation each year offers William C. Ezell Fellowships to post-graduate optometry students and young professionals pursuing optometric research and education. ICO's Sandy Block, OD '81, is a recent recipient of an Ezell Fellowship.

Other examples of outward giving abound. The Volunteer Optometric Services to Humanity (VOSSH), which includes student chapters, is an organization dedicated to taking groups of optometrists and other interested parties to Third World countries to provide quality eye care to people who would otherwise not have this service.

Closer to home, many optometrists and institutions such as the Illinois Eye

Many Ways to Support ICO

Support from alumni is important to the ongoing growth and vitality of ICC. There are many different options for giving, so individuals can choose an approach that best meets their own interests. Gifts can be made for immediate use or endowments that support the College for perpetuity. Common options include:

- Cash gifts (via check, money order or credit card)
- Annual giving commitments, such as to the Leadership Circle
- Honorary or memorial gifts
- Corporate matching gifts
- Appreciated securities, such as common stock
- Endowments
- Gifts of real estate
- Gifts of tangible personal property, such as computers, optometric equipment, or patents and copyrights
- Charitable gift annuities
- Bequests
- Life insurance as a gift
- Charitable remainder unitrust

For more information, please go to www.ico.edu/alumni/givetoICO.html. If you'd like to discuss options and tax implications in more detail, please contact the Office of Development, (312) 949-7075.

Institute provide eye and vision care to uninsured and underserved communities. K. Bradley Kehler, OD, '02, is one of many optometrists throughout the United States who participates in Prevent Blindness America initiatives. Asked why he volunteers his time, Kehler explains, "As an eyecare provider, I believe in the mission to prevent blindness from treatable eye disease... I feel an obligation to give back to society." Kehler practices in the Nashville, Tenn., area.

Mary Worthy, Director of Programs and Community Outreach for Prevent Blindness Tennessee, says that about 5 percent of the state's 2,000 optometrists volunteer their time for eye exams through the Prevent Blindness program.

At ICO, "An important part of our

mission is to make a difference in the community," says Augsburg. "If you're not giving back, you're not meeting your full potential as an optometrist. We try to instill this value in our students." Many ICO students and faculty give through personal involvement with community organizations such as the Rotary Club, Kiwanis, churches and temples, as well as through monetary donations that often go to ICO.

Whether donating time or money, the act of giving can go a long way to supporting eye and vision care — today and in the future. ♦

— Michelle Rapaport

Paying For It

Every penny counts when it comes to paying for education

As all alumni know, paying for school can be one of its biggest challenges. And as today's students perhaps know more than ever, the costs just keep rising.

That's why scholarship money is always high on the list of fundraising initiatives. In many ways, ICO is lucky to have the support of many people and organizations; two annual ceremonies recognize students who have collectively won more than 60 awards.

Still, there's always room for more, and gift-givers have lots of options. They can make an expendable scholarship gift, which means they contribute a certain amount one year and it's all distributed. The minimum amount for these scholarships is \$500.

Other donors, according to Felicia Filbin, Director of Annual Giving at ICO, make renewable gifts in larger amounts so the contribution has a significant impact over a longer period.

Endowment contributions in particular have this kind of longevity. In these programs, the gift is invested so it earns money. Only a certain percentage of the earnings are awarded, with some portion reinvested to preserve and increase the principal. Seed money for an endowment must start at or reach at least \$10,000 before the earnings are ready for distribution.

"The primary motivation for establishing scholarships is to help students," says Filbin. "And donors can essentially set whatever requirements they wish for awarding the money." As a result, funding sources have made awards dependent on a wide variety of criteria: public service, ethnicity, scholarship, research interests, geographic origin, leadership capabilities and professional aspirations, to name a few.

In this section of ICO Matters' philanthropy issue, we profile three scholarships in an effort to highlight the diversity and interests of these kinds of contributions.



Donna and Irwin Azman, OD '77, with Dr. Arol Augsburger, ICO's President

Giving Back

Alumni provide a wealth of opportunities

Sometimes it's a cause, sometimes it's a memorial and sometimes it's just plain gratitude, but for whatever reason, ICO alumni have been generous in creating funding resources for students at the College.

One such alum, Irwin Azman, OD '77, established the Irwin Azman Award for Excellence in Contact Lens Care in 2002. He and his brother, Thomas Azman, OD, a graduate of the University of Alabama Medical Center School of Optometry, share a private practice in Maryland, where they specialize in contact lenses, dry eyes and laser vision.

Both optometrists created scholarships at their alma maters. They were inspired by their parents, who paid for the sons' educations, and encouraged them to be philanthropic. Now Azman says, "I'm obsessed."

That's because Azman sees too many practitioners who ignore the root causes of a patient's need for contact lenses. "We need to encourage students to learn more about prescribing lenses rather than just fitting them," he says. "It's not just like fitting shoes. We need to be sure there are no underlying problems. We need to be diagnosticians."

Toward that end, the Azman scholarship requires students to propose a research project in contact lens care. If the quality of the proposals is too low, the money is rolled into next year's fund. "I hope students apply for the scholarship because they want to learn more, not just to get money," he says. "That doesn't always seem to be the case. But sometimes I get exactly what I'm looking for. And when good students go into a contact lens specialty, I'm a happy camper."

Solid Backing

ICO Trustees fund outstanding applicants for all four years

Call it a carrot, something meant to attract the best of the best. Call it the Trustees Scholarship at the Illinois College of Optometry.

Established to encourage outstanding students to select ICO for their professional education, the scholarship is awarded every year from the entire College applicant pool; students do not initiate the process. Those who are selected have demonstrated the potential to maintain the highest standards — academically, socially and professionally.

"We want to help outstanding students keep their educational debt to a minimum," explains ICO Board Chairman, James R. Butler, OD '59. "It's important that top candidates have all they need to attend ICO."

Those who are selected are notified at the time of their acceptance to the College. The award, which varies in amount depending on the total in the account in any given year, is renewed annually for each of the student's remaining three years...that is if the recipient maintains a minimum 3.2 GPA, demonstrates exceptional service to the ICO community, maintains a professional demeanor, shows high ethical standards and integrity, as well as outstanding character in all interactions with patients, faculty, staff and fellow students.

It's a tall order, and at ICO, a tough competition.



(left to right) Luciana Coscione, Tracy Adamo, Lexie Franzeen, Jenessa Lock, Dr. Augsburger, Vikas Kumar, Liezi Sutijono (not pictured, Cheryl Gooding)

Trustee Scholarship winners are recognized at the Capstone Awards Ceremony in the spring (above) and the President's Welcome and Awards in the fall (below).



(left to right) Jingyi Tan, Phillip Fitch, Chee Hur, Dr. Augsburger, Jennifer Lin, Lucia Millet, Sandra Seagraves (not pictured, Christine Lee)

Rallying the Troops

Gary Lesher calls on the faculty to support ICO

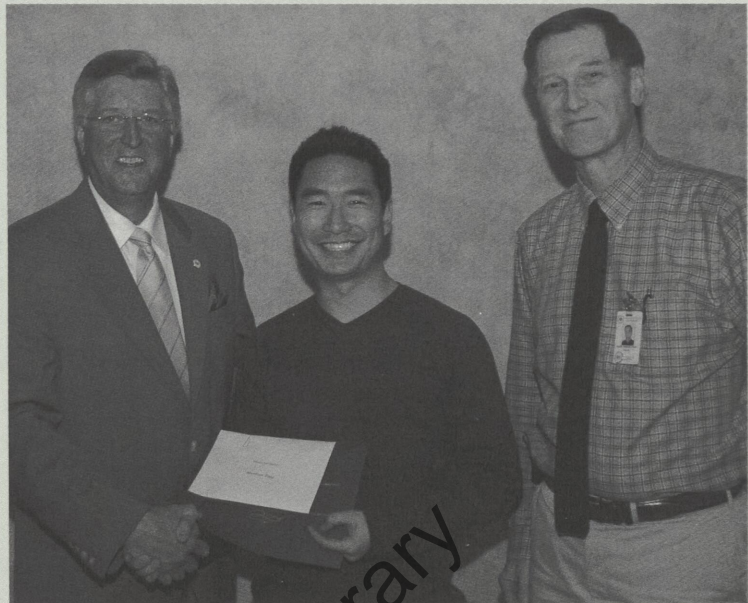
Times were changing at the Illinois College of Optometry in 1998. Governance of the College was shifting and a fresh administrative paradigm was introduced. The Board of Trustees opened its doors and invited new and more diverse members to join in various capacities.

One of these was veteran faculty member Gary Lesher, PhD, who was named faculty representative to the Board after having been at ICO for 16 years. He says the position gave him new insight into the needs of the College.

One thing he realized was that, "Being on the faculty at ICO is more than just working here," he recalls. "We needed to be more philanthropic as a faculty."

As a result, Lesher launched the Faculty Scholarship Endowment at ICO. Now the largest endowment at the College, with a principle balance of more than \$110,000, the award is made to third- and fourth-year students who are nominated by faculty members each year. Candidates must have a GPA of 3.25 or higher, serve the College, demonstrate outstanding character, attitude and demeanor, and provide positive role models for others.

"The nice thing about this scholarship is it's from the entire faculty," says Lesher. "We have a loyal base who contribute



ICO President Dr. Arol Augsburg (left) joined Faculty Scholarship winner, Sherman Tung, and scholarship founder, Gary Lesher, Professor and Chair of the Basic and Health Science Department, at the Capstone Awards Ceremony last spring.

money so the endowment continues to increase, and this group is itself growing. Or, those who don't give money contribute something to the Faculty Blindspot, our fall festival fundraiser, or by nominating students and voting."

The first Faculty Scholarship was given in 2000. As the fund's earnings increase, the faculty will decide to either give more scholarships or make existing awards in higher amounts.

"It's rewarding that the scholarship is solely supported by faculty, and all faculty participate in some way," says Lesher. "We're asking a lot — the faculty already contribute substantial time and energy to ICO."

But few do as much as Lesher. This year he also launched a Leadership Circle Faculty Challenge. In this initiative, Lesher will match donations made by faculty members to the Leadership Circle, ICO's Giving Society for individuals who support the College with annual gifts of \$1000 or more. His hope is to add six to ten more people to the program.

"I want to encourage more faculty participation," says Lesher. "It's for the students, and that's a good cause." ♦



Faculty Scholarship winner, Danny Mus, (center) was recognized with ICO President Dr. Arol Augsburg and scholarship founder, Gary Lesher, Professor and Chair of the Basic and Health Science Department, at the President's Welcome and Awards Ceremony in August.

Eyes on the Prize

Student donates toys to motivate kids in vision therapy

Nothing seemed to get the children on Stephanie Suits-Klyber's pediatrics rotation to do their vision therapy homework. No matter how well they did in clinic, they showed slow progress because they wouldn't work at home. "Treatment doesn't really help if you only practice in the clinic," says Suits-Klyber, a 28-year-old fourth-year student.

So Suits-Klyber tried some kid-level encouragement — prizes for anyone who did the assignments. "Their improvement skyrocketed," she says. "You could tell the kids weren't lying,

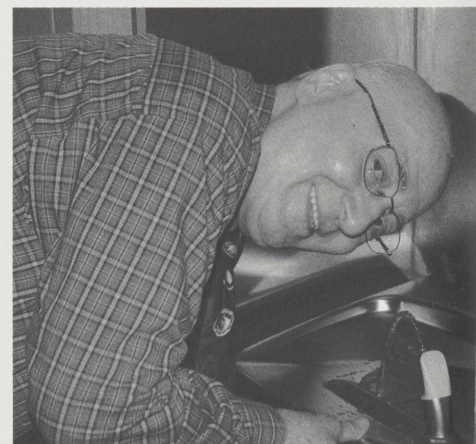
they were practicing. They showed improvement in a week."

Not only were the children motivated, so was Suits-Klyber. She decided to donate \$100 to the pediatric clinic so there would be a stash of toys for vision therapy patients. She and classmate Anthony Zabel went to the Everything's A Dollar store and bought balls, stuffed animals, toy cars, books, video games, pompoms, "Everything you can think of," she says. "We couldn't fit anything else in the cart."

To increase the supply, Suits-Klyber's

husband Gabe, a computer engineer for Caterpillar, asked his company to match the gift. This is the second time the Klybers and Caterpillar have made donations to ICO. When Suits-Klyber was a second year, the couple gave \$100 to the book drive and Caterpillar matched their contribution.

When asked why she donates to ICO, Suits-Klyber says, "We have the money to help out. If it takes a dollar video game to see patients improve, it's worth it." ♦



Stephanie Suits-Klyber with husband, Gabe Klyber

Quenching a Thirst

The Class of 2006 donates a drinking fountain

Most fourth-year classes at ICO have chosen scholarships or departments as recipients of their class gifts. But the Class of 2006 had another idea about how to spend its \$2,100.

That's how much was left in the fourth-years' annual class fees account. Tradition has it that at the end of the year, the students can disburse the residual money however they wish. Usually that's anywhere from \$300-\$3,000.

Last year, explained class representative Joel Sollom, his class decided to fill a need. "At the break of every class, all the students walk down into the cafete-

ria to get something to drink," says Sollom, now an OD in Minneapolis. "But not all of those students are on the meal plan, so this habit was taking away cups, straws and drinks from the cafeteria and school."

So Sollom and classmates decided a drinking fountain — strategically placed at the entrance of the building — would not only cut down on consumption of paper goods and drinks in the cafeteria, it could literally quench a thirst.

Information clerk Anthony Barone had also noticed the need for a fountain. "I sit at the front door on the Indiana Street side of the building, and I see a lot of students and visitors looking for a water fountain," says Barone. "I had to send them to the second floor or to a fountain on the far side of the building."

Now permanently in place, the new

Anthony Barone at the fountain

fountain is especially comforting to nervous prospective students or those waiting for exams.

"You know how it is before you take quizzes: you get a little dry in the mouth and start sweating a bit," says Barone.

"I thought it was a very creative gift," says Felicia Filbin, ICO's Director of Annual Giving. "It was really nice that the class decided to do something concrete that everyone can enjoy." ♦

— Susan Sorie

The Illinois College of Optometry's revenue and expenditures from July 1, 2005 to June 30, 2006.

2005-2006 Financial Report

	Percent of Operating Activity	2006 Total Unrestricted
REVENUE GAINS AND OTHER SUPPORT		
Tuition and Fees	68%	\$17,882,318
Patient Care Services and Materials	14%	3,850,992
Grants and Contributions	4%	1,115,809
Other	1%	195,597
Interest and Dividends	4%	1,110,116
Auxiliary Enterprises	6%	1,646,582
Funds Released from Restriction	3%	668,074
Total	100%	\$26,469,488

EXPENSES

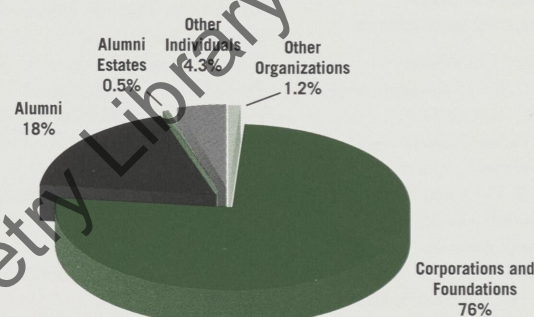
Instruction	32%	\$8,689,267
Academic Support	6%	1,747,372
Student Services	7%	2,051,859
Patient Care Operations	21%	5,869,863
Auxiliary Enterprises	8%	2,141,094
Institutional Support	26%	7,266,506
Total	100%	\$27,765,961

Change in Net Assets

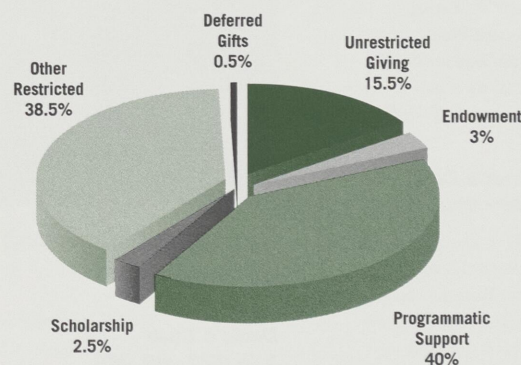
From Operating Activities	(\$1,296,473)
Non Operating Activities	\$3,566,888
Total Change in Net Assets	\$2,270,415

Net Assets at Beginning of Year	\$23,003,732
Net Assets at End of Year	\$25,274,147

Source of Philanthropic Funds



Use of Philanthropic Funds



Eye on Giving

Since our founding in 1872, the Illinois College of Optometry and its predecessor institutions, the Northern Illinois College of Optometry, the Monroe College of Optometry and the Chicago College of Optometry, have benefited from the generosity of people committed to eye care and to furthering the optometric profession. The charitable support recognized in this Honor Roll helps to ensure that optometric knowledge will advance and that all who seek our care will receive the very finest in optometric practice. Thank you for your confidence and support. These lists reflect giving through June 30, 2006.

2006 Honor Roll of Donors

Lifetime Giving

This honor roll reflects cumulative giving of \$5,000 or greater for gifts received through June 30, 2006.

Founder's Club \$100,000 and above

Estate of Dolly Adams
Alcon Laboratories, Inc.
Otto H. Bender, OD
Ciba Vision Corporation
Cole Vision Corporation
Mary B. Demetros Estate
Dr. and Mrs. Dick Edwards
Essilor of America
Robert L. Fait, OD
C. K. Hill, OD, DOS, PhD, ScD
Richard S. Kattouf, OD, DOS
Lions of Illinois Foundation
Lloyd A. Fry Foundation
Pearle Vision Foundation
Robert Wood Johnson Foundation
Seymour Marco Family Foundation
Dr. Donald W. Turner Vision Service Plan
Washington Square Health Foundation, Inc.
E. F. Wildermuth Foundation

Chairman's Club \$75,000 - 99,999

Dr. and Mrs. Donovan L. Crouch
Michael Reese Health Trust
Retirement Research Foundation
Vistakon, Inc., a division of Johnson & Johnson Vision Care
Wesley-Jessen Corporation

President's Club \$50,000 - 74,999

Amoco Foundation Inc.
Donald J. Bush, OD
Estate of Mary Gooding
Dr. and Mrs. Philip E. Hottel
John A. Leon, OD
Steve A. Leon, OD
Dr. and Mrs. Alan A. Mandel
Estate of Elmer J. Pieper
Polk Bros. Foundation
Albert H. Rodriguez, Jr., OD, DOS and Family
The Robert R. McCormick Tribune Foundation
Mr. and Mrs. Benjamin S. Wolfe



The Crouch family with Dr. Arol Augsburger (left)

Dean's Club \$25,000 - 49,999

Arie and Ida Crown Memorial
Irwin Azman, OD
Bausch & Lomb, Inc.
Tony Q. Chan, OD
W. Judd Chapman, OD, DOS
Col. Stanley R. McNeil Foundation
George F. Cribb, OD

Robert Q. Eastland, OD
Mr. John Gay
Grant Healthcare Foundation
Haag-Streit AG
J.P. Morgan Chase Bank
R. M. Kendrick, OD
William E. Leadingham, OD
Bowman C. Lingle Trust
Luxottica Group
Floyd D. Mizener, OD, DOS, PhD
Charles F. Mullen, OD
Myrel A. Neumann, OD
Wilhelm J. Pohl, OD, MD, DOS
R. Elliot Politser, OD, DOS
C. Clayton Powell, OD, MPH, DOS

Mr. Barry R. Riskedal
Southwest Contact Lens Society
Pui Lam Tsang, OD
VNA Foundation
Lawrence R. Vogel, OD
W.P. and H.B. White Foundation
Estate of Philip E. Wells
Howard I. Woolf, OD, DOS
Walter S. Yasko, OD, DOS

Benefactor's Club \$10,000 - 24,999

American Foundation for Vision Awareness
America's Best Contacts and Eyeglasses, Inc.
Anonymous (2)
Association of Schools and Colleges of Optometry
Boyd B. Banwell, OD, DOS
Jordon Beller, OD
John E. Brandt, OD, DOS
Martin E. Bush, OD
Dr. and Mrs. James R. Butler
The Chan Family
ClearVision Optical Company
Mark K. Colip, OD
Estate of Mary H. Condon
Mrs. Dale Conway
Thaddeus S. Depukat, OD, DOS
Joseph B. Ebbesen, OD, DOS
Albert H. Eschen, OD
The Field Foundation of Illinois, Inc.
FRAXA Research Foundation
Mary Lou French, OD, M.Ed
Gardner Carton & Douglas
Mr. and Mrs. Dennis L. Gierhart
Mr. John F. Golterman
David A. Greenberg, OD, DOS
Joseph L. Henry, DDS, PhD, ScD
Richard F. Hickman, OD
Illinois College of Optometry Faculty Play/Blindspot
Illinois Optometric Association
Illinois Society for the Prevention of Blindness
George L. Jacober, OD
Lawrence J. Jehling, OD
Robert L. Johnson, Sr., OD
Dr. and Mrs. Louis J. Katz
Peter Kehoe, OD
Knight Architect Engineers, Inc.
Millicent L. Knight, OD
Yale C. Knight, OD
Frederick R. Kushner, OD, DOS, LHD

Dr. and Mrs. Thomas A. Lawless
Gary A. Leshner, PhD
Dominick M. Maino, OD, MED
Margaret Mankenber
Max Goldenberg Foundation
Leonard V. Messner, OD
Peter S. Nelson, OD
Bernard Nevel, OD
The Ohio Company
Prince Charitable Trusts
Leslie F. Pruden, OD
Estate of Erma S. Quick
Ravenswood Health Care Foundation
Reliance Medical Products, Inc.
Alfred A. Rosenbloom, Jr., OD, MA, DOS
Rosenthal & Schanfield
Laura L. Rounce
Safilo USA
Janice E. Scharre, OD, MA
Dr. and Mrs. John A. Schuchmann
Dr. Jenet R. Shepherd and Reverend David M. McDonald
Dr. and Mrs. Martin J. Sikorski
Ralph J. Spagnuolo, OD
Star Ophthalmic Instruments, Inc.
USI Insurance Services Corporation
Volk Optical, Inc.
Wendell D. Waldie, OD, DOS
Wal-Mart Foundation

Patron's Club \$5,000 - 9,999

Mr. Steven Abbey and Ms. Pamela Brick
Dwight H. Akerman, OD
Allergan, Inc.
Mr. and Mrs. Leonard Amari
American Optometric Association
American Optometric Foundation
Amerigroup Illinois Inc.
Art Optical Contact Lens, Inc.

Arol Augsburg, OD
John L. Baker, OD, MSEd
Thomas G. Bastholm, OD
John P. Baumgardner, OD
Irving Berris, OD
Sandra S. Block, OD, MEd
Vincent W. Brandys, OD
Estate of Robert W.
Bumbleburg, OD
Brian W. Caden, OD, MA
Mamie C. Chan, OD
T. Roy Chan, OD
Dr. and Mrs. Yuzo M. Chino
Ezra M. Cohen, OD
Ms. Deborah Coleman
Valarie Conrad, OD, MPH
Mr. and Mrs. Shane J. Conway
Cooper Vision
Craig D. Crouch, OD
Mr. and Mrs. Anthony A.
D'Andrea
Ethyl B. Dantzie, OD
Fred R. DeHaan, OD
Lawrence J. DeLucas, OD, PhD
Mr. Gerald Dujsik
Neil E. Erickson, OD
James D. Ferguson, OD
Donald A. Flihs, OD
Kelly A. Frantz, OD
Richard P. Franz, OD
Edward L. Furtak, OD
George M. Eisenberg Foundation
for Charities
Goldman Sachs
Roy A. Golsch, OD
Dr. and Mrs. D. R. Gordon
George C. Graham, OD
Gary G. Gray, Jr., OD
Robert L. Grazian, OD
Charles W. Harrill, OD
James B. Hasler, OD
William B. Hass, OD
Arabel E. Hatfield, OD
Coleman Hatfield, OD
Dr. Mark and Monica Hatfield
Stanley C. Herren, OD
James M. Hottel, OD
Illinois College of Optometry
Alumni Association
Gregory L. Jones, OD
Barry J. Jose, OD
Raymond P. Klinger, OD
Gary W. Lasken, OD
Lehman Brothers, Inc.

Marko's General Contractor
V. Eugene McCrary, OD, DOS
Morgan Construction Consultants
Mr. Robert C. Morrow
J. Jim Nordquist, OD
North American Vision Care
The Northern Trust
Charitable Trust
Bill M. Park, OD
Glenn M. Peck, OD
Pepsi Cola General Bottlers, Inc.
Pilkington Barnes-Hind, Inc.
Jack Allen Potter, OD
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Prevent Blindness America
Ward R. Ransdell, OD
Richard I. Raymer, OD
Martin P. Reichenbecher, OD
Frank F. Sakamoto, OD
Arthur L. Schiller, OD
Darrell G. Schlange, OD, DOS
Shane-Michael Optical Company
Allen R. Sloan, OD
James A. Stephens, OD
James A. Stewart, OD
Marvin G. Taub, OD
Bruce A. Teitelbaum, OD
Lewis E. Thomas, OD
TLC Laser Eye Centers
Robert B. Tuberty, OD
Vision Council of America
Vista Eyecare, Inc.
Mr. Stanley Weinberger
Welch Allyn, Inc.
Larry L. Williams, OD
Michael Wodis, OD
Laurie Wynn, MS
Alvin Zohn, OD

The Legacy Society

Legacy Society members share the honor and recognition of having included the Illinois College of Optometry in their wills or estate plans. Through careful gift planning, these donors have made a significant impact on the future of ICO. We are grateful for their forethought.

Estate of Dolly Adams
Anonymous
Thomas E. Artley, OD
Jordon Beller, OD
Otto H. Bender, OD

Dr. and Mrs. Neil Boderman
John E. Brandt, OD, DOS
C. Richard Brewer, OD
Estate of Constance A. Bryniczka
Estate of Robert W.
Bumbleburg, OD
Estate of Mary H. Condon
Estate of John Stephen Curtis
Mary B. Demetros Estate
The George Lloyd Demetros,
OD, and Mary B.
Demetros Trust
Gurpreet K. Deol, OD
Bob Eastland, OD
Dr. and Mrs. Dick Edwards
Robert L. Fait, OD
John P. Fitzpatrick, OD
Willard B. Glime, OD
Geoffrey W. Goodfellow, OD
Estate of Mary Gooding
Dwight E. Halligan, OD
C. K. Hill, OD, DOS
Bradie O. Hopper, OD
George L. Jacober, OD
Kanode Family Trust
R. M. Kendrick, OD
Estate of Ernest I. Kiekenapp
Estate of Jessie Lofgren Kraft
Dr. and Mrs. Alan A. Mandel
Floyd D. Mizener, OD,
DOS, PhD
Roland G. Peaslee, OD
Richard T. Pedersen, OD
Estate of Elmer J. Pieper
R. Elliot Politser, OD, DOS
Estate of Erma S. Quick
Robin C. Rinearson, OD
Michael Schloss, OD
Delmar E. Spronk, OD
Estate of Dennis P. Steinhart
Dwight - Kuaika A. Thompson
Dr. Donald W. Turner
Lawrence R. Vogel, OD
Anna B. Welch Scholarship
Estate of Philip E. Walls
Howard I. Woolf, OD, DOS

Fiscal Year Honor Roll

These alumni, faculty and friends made gifts to the Illinois College of Optometry during the fiscal year which ended June 30, 2006.

Class of 1934
Irvin M. Borish, OD

Class of 1937
James J. Gardner, OD, DOS

Class of 1938
Norman Brodkey, OD
M. H. Firestone, OD
Raymond L. Guenveur, OD

Class of 1939
Victor Casella, OD
Dr. and Mrs. Dick Edwards
John N. Schoen, OD



A toast to Essilor

Class of 1940

Samuel J. Cole, OD
Wallace Colvin, OD
Willard J. Harman, OD
Franklin D. Lindquist, OD
Stanley C. Pearle, OD
Robert M. Roush, OD

Class of 1941
Harold A. Korn, OD

Class of 1942
Harold W. K. Lam, OD
Gene Ossello, OD
David B. Roth, OD

Class of 1943
Phillip L. Fellman, OD

Class of 1944
John W. Ellery, OD

Class of 1945
Harold E. Davis, OD
Orlando T. Giraldi, OD

Class of 1946
Lucia S. Burrell, OD
Alfred L. Klein, OD
Donald E. Lawson, OD
Vahan Tootikian, OD

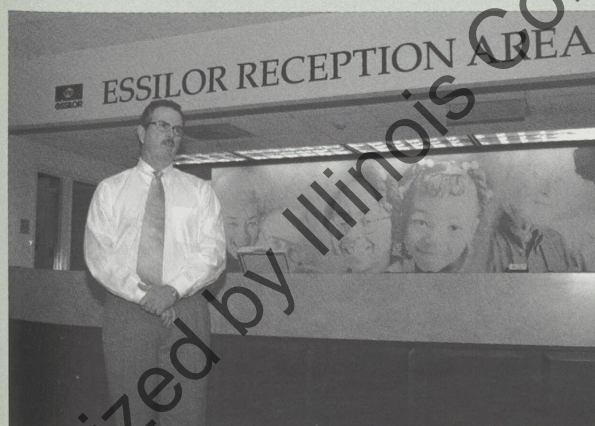
Class of 1947
Richard J. Apell, OD
Thomas W. Fahy, OD
John L. Krause, OD
Ivan F. Lundstedt, Jr., OD
Morton R. Maslov, OD
Charles R. Parker, Jr., OD
R. Elliot Politser, OD, DOS
Harold E. Ripple, Jr.
Frank F. Sakamoto, OD
Herbert R. Solomon, OD

Class of 1948
Dr. Jerome Agrest
Paul S. Baker, OD
Henry M. Daly, Jr., OD
Stephen A. Gorden, OD
George C. Graham, OD
Dr. and Mrs. Philip E. Hottel
Orwin E. Ide, OD
John A. Leon, OD
James C. Manville, OD

Floyd D. Mizener, OD,
DOS, PhD
Floyd M. Morris, OD, DOS
George P. Nickelsen, OD
Stanley Prezette, OD
L. Leath Robbins, OD
Alfred A. Rosenbloom, Jr., OD,
MA, DOS
William A. Schambach, OD
David Shore, OD
Sol Tannebaum, OD
Lawrence R. Vogel, OD
Lorne A. Wolch, OD

Class of 1949
Jerome J. Abrams, OD
Edwin R. Albrecht, OD
Lawrence E. Beecher, OD
Lester Caplan, OD
Dale E. Dean, OD
Conrad R. DeMichiel, OD
Dr. Darvin Friedland
Carl W. Gettig, OD
Edward L. Gilbert, OD
A Clinton Greene, OD
James B. Hasler, OD
Rolland A. Heiser, OD
C. K. Hill, OD, DOS
Jack Kahn, OD
Walter Kominsky, OD
Dean W. Kyle, OD
James E. Lanier, OD
Dr. and Mrs. Alan A. Mandel
Henry T. Marcum, OD
William F. Miyamoto, OD
Joseph A. Nolan, OD
Leslie F. Pruden, OD
L. M. Roach, OD
Thomas H. Robertson, OD
Sol J. Rocke, OD
Richard Rucoba, OD
Paul G. Slaton, OD
Louis E. Steinfeld, OD
Judd R. Storey, OD
Herbert P. Wechsler, OD
John D. Woolley, OD

Class of 1950
Morton Davis, OD
Kenneth Gasworth, OD
Richard J. Gluegh, OD
Melvin A. Hoffman, OD
Bradie O. Hopper, OD
James W. Kensett, OD



Essilor President and COO Mike Daley

Eye on Giving



The Chan family

George E. Laubach, OD
M. Neil Meyer, OD
Byron H. Petersen, OD
Richard I. Raymer, OD
Truman G. Schmidt, OD
Casimir Stawin, OD
Russell M. Stewart, Jr., OD
Alan H. Stone, OD
Michael R. Wiejaczka, OD
Floyd E. Zastrow, OD

Class of 1951

Marvin Berlin, OD
Ernest P. Daniels, Sr., OD
William D. Grange, OD
Arthur F. Hogan, OD
Jackson Q. James, OD
Ralph Kornblatt, OD
John F. Luckow, Jr., OD
Harold Rose, OD
Ramon R. Salinas, OD
Dr. and Mrs. Edward R. Seefelt
John W. Streff, OD, DOS
Floyd W. Woods, OD

Class of 1952

C. Clayton Powell, OD,
MPH, DOS

Class of 1953

Irwin Denemark, OD
Stanley T. Hozempa, OD
Cosimo M. Paone, OD
Charles T. Ries, OD
David F. Welte, OD
Richard J. Wlodyga, OD

Class of 1954

Maurice I. Friedman, OD
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Richard N. Guyan, OD
R. M. Kendrick, OD
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J. Jerry Shaw, OD
Herbert S. Silverstein, OD
Eugene B. Stollman, OD
Pui Lam Tsang, OD

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Laurence S. Chadwick, OD
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Bernard Nevel, OD

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Robert C. Spiering, OD
Edward F. Stein, OD

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George W. Robertson, OD
Bernard J. Shannon, OD
Stanley Tanaka, OD
I.C. Wishnow, OD

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Sylvio L. Dupuis, OD
Frank D. Kozin, OD
Ferd Metzger
Paul D. Ohlbaum, OD

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Joseph J. Schlaefer, OD
John W. Wells, OD
Roger E. Wilson, OD

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Neil E. Erickson, OD
Joseph L. Papa, OD

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OD, MPH
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John D. Janney, OD
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James H. Wilkins, OD

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T. Roy Chan, OD
Donald D. Dunton, OD
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Willard B. Lyons, OD
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Milton A. Meyers, OD
Franklin D. Middleman, OD

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Philip J. Evich, OD
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A. William Meyer, OD
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Myrel A. Neumann, OD
Robert R. Whittaker, OD, DOS

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Robert J. Niemann, OD

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Donald W. Cruden, OD
Michael H. Melcher, OD
Darrell G. Schlange, OD, DOS
John W. Sims, OD
Arthur T. Young, OD

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Jerry R. Pederson, OD
James M. Ulesich, OD
Bradley M. Williams, OD

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Steven K. Kasinof, OD
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Thomas H. Smith, OD
David H. Sufka, OD
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Michael Kimmelman, OD
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Jordon Beller, OD
Joseph M. Brett, OD
James E. Bruns, OD

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Dr. and Mrs. Thomas A. Lawless
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Dennis DeLee, OD
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Sander Dorfzaun, OD
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Charles E. Marold, OD
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Charles W. Harrill, OD
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Stanley M. Konyonenbelt, OD
Joseph L. Long, OD
Scott A. Mescher, OD
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Ward R. Ransdell, OD
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Ronald Hensen, OD
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Lonny C. Ware, OD
Richard E. Wojcik, OD

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Samuel M. Wapner, OD

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Anonymous
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Thomas C. Best, OD
Michael J. Bowker, OD
Daniel L. Brodkey, OD
H. Craig Coen, OD
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Fred R. DeHaan, OD
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Barry J. Jose, OD
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ICO President Dr. Arol Augsburger (left) and Board Chairman James Butler, OD '59, (right) greet Robert Fait, OD '68, at the opening of the Fait Family Eyewear Center.

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Daniel C. Little, OD
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David L. Meinert, OD
Bill M. Park, OD
Wayne E. Quincy, OD
Robin C. Rinearson, OD
P. L. Salansky, Jr., OD
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Richard G. Jarvis, OD
Douglas W. Johnson, OD
Kevin G. Lydon, OD
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Dominick M. Maino, OD, MED
Randall G. Melchert, OD
Dennis Miller, OD
Robert R. Richardson, OD
Samuel F. Wolfson, OD

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Randall T. Andreoli, OD
Theodore E. Bogart, OD
Ernest B. Brazina, OD
Donald J. Bush, OD
Robert L. Davis, OD
Mark A. Emmerich, OD
James F. Faron, OD
Michael L. Giovanetti, OD
Gary G. Gray, Jr., OD
Jasper J. Gulotta, OD
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Dr. Mark and Monica Hatfield
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John W. McClane III, OD
Michael C. McGrath, OD
Paul S. Nenner, OD
Roberta A. Perlman, OD
Leland D. Peterson, OD
Reid A. Pettit, OD
Robert N. Saidel, OD
James A. Simonson, OD
Michael L. Sussex, OD
J. E. Tallis, OD
R. Tracy Williams, OD

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Dwight H. Akerman, OD
Kenneth S. Blum, OD
James E. Bureman, OD
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Ezra M. Cohen, OD
Joseph J. Grant, OD
Michael R. Hanley, OD
Russell Y. Hosaka, OD
Ronald J. Hubsch, OD

Mark C. Hurst, OD
James M. Hutchins, OD
Gary D. Jacobsen, OD
Harlyne B. Knight-Hantman, OD
Gregory N. Leadingham, OD
Steve A. Leon, OD
Dr. Cindy S. Matteson and Dr.
Joseph F. Most

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Theodore W. Newman, OD
Howard H. Oifer, OD
Robert B. Terry, OD
Catherine D. Upham, OD
Stephen M. Wacławski, OD
Mark E. Wilkinson, OD

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Thomas R. Benthien, OD
Sandra S. Block, OD, MED
Robert J. Blumthal, OD
Mark R. Chasse, OD
Mark C. Davis, OD

Roger Trudell, OD
Don Wilhelmus, OD
Richard R. Zimmerman, OD

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Kevin D. Blair, OD
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Steven K. Brownmiller, OD
Frank E. Greteman, OD
Cecilia C. Heiges, OD
Michael J. Hodovanic III, OD
Martin Kornblatt, OD
Peter J. Kurtz, OD
Teresa J. Lui, OD
Jeff W. Smith, OD
Spencer P. Vidulich, OD
Jacque D. Young, OD

Class of 1984

Timothy P. Arbet, OD
Thomas Banton, OD
Todd Bussian, OD
Garth Christenson, OD



(left to right) Amanda Wine, Katherine Dimaio, Dr. Renee Reeder and Suzanne Nylander at the dedication of the CIBA Vision Patient Consultation Room

Patrick K. Doyle, OD
W. Gregg Eubanks, OD
Donald J. Guido, OD
Michael Hammerschmidt, OD
David W. Harshberger, OD
Robert M. Hass, OD
Leon J. Kosek, Jr., OD
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Paul C. Lueck, OD
Mario L. Palermo, OD
Jay D. Rosenfeld, OD
Peter E. Tencza, OD

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Robert L. Grazian, OD
David G. Helsing, OD
Jan L. Hirakawa, OD
David W. Joel, OD
Kenneth M. Kirschner, OD
Yue Yen Lai, OD
Paul Levinson, OD
J. Eric Paulsen, OD
Lowell R. Smith, OD

Bradley Clodfelter, OD
Richard Davison, OD
Peter Kehoe, OD
Brett A. Monson, OD
Shelley Pensak, OD
Patricia Andolina Persia, OD
Joseph Pizzimenti, OD
James P. Wilson, OD
John Zieg, OD

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William A. Bordwell, OD
William Dean II, OD
Ralph W. Henry, Jr., OD
Kirk Kvitle, OD
Marc Pensak, OD
Julie L. Quivey, OD
David J. Schwartz, OD
Steven J. Trzepacz, OD

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Anonymous
Jim Blasco
Steven Blashill, OD
Steve Butzon, OD
Ira M. Fujisaki, OD
Marc R. Gilbert, OD
Donald E. Haiderer, OD

Richard Hintz, OD
Miki Kitahata, OD
Joseph J. Marchionna, OD
Paul M. Pronti, OD
Robert Roggensack, OD
Stephen P. Steinmetz, OD
Jeffrey R. Thomas, OD

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and Lisa N. Davis
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Millicent L. Knight, OD
Lisa M. Kowar, OD
Andrea Joy Stein, OD
Amy L. Walker, OD

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Thomas M. Shaheen, OD
Rebecca L. Sterner, OD

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Caroline Cho, OD
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Alan R. Klepper, OD
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Robert J. Peters, OD

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Alan Weiler, OD

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Betsy Turk, OD

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Troy D. Raber, OD

CLASS TOTALS

Largest Total Giving By Class Year

Total Class Contributions	# of Donors	Class
\$51,200	33	1977
\$27,189	31	1949
\$25,463	26	1979
\$12,875	25	1980
\$11,575	20	1948
\$10,650	19	1981
\$7,170	20	1976
\$6,313	17	1982
\$6,000	17	1974
\$5,600	16	1950

CLASS TOTALS

Lead Donor	Class
Donovan L. Crouch	1963
Alan A. Mandel	1949
Robert L. Fait	1968
Irwin Azman	1977
William B. Hass	1976
Pui Lam Tsang	1954
Robert N. Saidel	1979
Floyd D. Mizener and Lawrence R. Vogel	1948
Dominick M. Maino	1978
Bernard Nevel	1955

CLASS TOTALS

Best Participation

Participation	Class
24.0%	1977
22.6%	1959
20.5%	1961
20.0%	1962
20.0%	1979
19.4%	1971
18.1%	1980
16.7%	1974
16.7%	1934
14.8%	1968

Eye on Giving



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Jeffrey D. Johnson, OD
Jeanette Varanelli, OD

Class of 1998

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Todd W. Sims, OD
Jeffrey R. Varanelli, OD

Class of 1999

Lori A. Johnston, OD
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Vincent W. Brandys, OD
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ICO President Dr. Arol Augsburger (left) joined Dr. William N. Werner, Mr. Howard Nochumson (with plaque), and Ms. Catherine Baginski of the Washington Square Health Foundation at festivities for the Vision of Hope Health Alliance.

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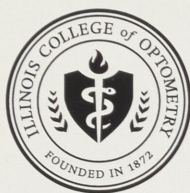
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Leadership Circle members gathered at Dr. Arol and Stephanie Augsburg's Bridgeport home for cocktails and hors d'oeuvres on Saturday, June 10, 2006.



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The winter 2007 issue of *ICO Matters* marks our
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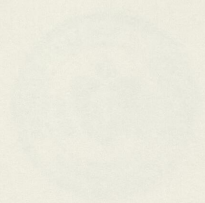
Send your answers and any comments to
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Thank you!



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